

# BULLETIN

## OF THE

# Missouri State Board of Health

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### OUR DOCTORS.

We hope this will be a prosperous and happy year to the entire medical profession of Missouri. At present there is no complaint of any outbreak of contagious or infectious diseases in the State. The citizens throughout the State should be proud of their physicians who are on the local or County Boards of Health, and stand by them in their work. The choicest benedictions should rest upon those who were tried and not found wanting during the State quarantine last summer against the Yellow Fever infected region of the South. Had it not been for the active energy and hard work of such men as Doctors Snodgrass of St. Louis, Sanders of Kansas City, Byers of Caruthersville, Ellis of Birds Point and Wright of Poplar Bluffs, Missouri might have been invaded by Yellow Fever, but with such men at these strategic points, Missouri alone escaped without a single case, when her sister States, Kansas, Oklahoma, Indian Territory, Arkansas, Kentucky, Illinois, Indiana and Ohio, were each invaded by Yellow Fever.

We hope our next Legislature will give these local Health Boards proper authority and enlarge their field of usefulness, as they are calculated, when properly equipped, to do much good.



The saddest work the State Board of Health has to do is to summon a fellow-practitioner to appear and show cause why his license should not be revoked for unprofessional and dishonorable conduct and this part of our work we hope, will soon be eliminated by the Doctors themselves acting in harmony with the high calling of their chosen profession.

With kindly feeling to those who are careless and unthoughtful, we refer to the following Statutes: Section 3050, Revised Statutes 1899. "Any physician or pretended physician who shall make or issue any prescription to any person for intoxicating liquors in any quantity, or for any compound for which such liquors shall form a part, to be used otherwise than for medicinal purposes, or who shall issue more than one prescription at the same time to any one, for intoxicating liquors, or for any compound of which such liquors shall become a part, or who shall make or issue any prescription contrary to any existing law, shall be deemed guilty of a misdemeanor, and upon conviction be punished by a fine of not less than forty dollars nor more than two hundred dollars."

Section 1853. "Every person who shall wilfully administer to any pregnant woman any medicine, drug or substance whatsoever, or shall use or employ any means whatsoever with intent thereby to procure abortion or miscarriage of any such woman, unless the same shall have been necessary to preserve the life of such woman, or shall have been advised by a physician to be necessary for that purpose, shall, upon conviction, be adjudged guilty of a misdemeanor, and punished by imprisonment in a county jail not exceeding one year, or by a fine not exceeding five hundred dollars, or by both such fine and imprisonment; but if the death of such woman ensue from the means so employed, the person so offending shall be deemed guilty of manslaughter in the second degree."

House Bill No. 137. Section 2. "The State Board of Health shall have general supervision over the registration of all practitioners of medicine, surgery and midwifery in this State."

Section 7. "The Board may refuse license to individuals guilty of unprofessional and dishonorable conduct, and they may revoke licenses for like cause, after giving the accused an opportunity to be heard in defense before the Board. Habitual drunkenness or excessive use of narcotics or producing criminal abortion shall be deemed unprofessional and dishonorable conduct within the meaning of this section, but this specification is not intended to exclude all other acts for which licenses may be revoked."

Let us read the above sections of law carefully and ponder.

"Lest we forget; lest we forget."



**HAVEN'T THE STATE BOARD OF HEALTH OF MISSOURI THE RIGHT TO MAKE ADDITIONAL REQUIREMENTS OF APPLICANTS TO PRACTICE MEDICINE IN THIS STATE?**

To the Medical Colleges and the Medical Profession of the State of Missouri.

Gentlemen:—I desire to offer this communication through the Missouri State Board of Health Bulletin that we may carefully consider same and take such action as may be deemed proper. We have had excellent opportunities for observation in conducting our examinations and observing the different classes of applicants. I am thoroughly convinced that there should be some advanced steps taken toward improving existing conditions of our present requirements for applicants who desire to take the State examination.

The Medical Colleges of the United States have by common consent, under a national organization, adopted a school term of four years and a curriculum of study establishing a graded course for each year's work which is correctly arranged in a regular order of advancement. The majority of licensing boards of the various States have accepted the Medical Course as a standard which was arranged and adopted by the National Medical Association of Medical Colleges. I think we have a perfect right to formulate any plans that are not in conflict with the statutory laws of our State that will raise the standard of requirements of applicants who may desire to take the examination for a license to practice medicine in this State.

We all know and keenly realize that it is a very difficult matter to determine in many instances the qualifications of applicants by the usual State Board Examinations. The test is oftentimes inadequate to determine the capabilities of men to practice medicine. I have often thought if it were possible for us to put the applicant to a clinical test we could better determine his fitness for the practice of medicine.

I am convinced that a concurrent action of State Licensing Boards and Medical Colleges is the only potent factors that can successfully raise the medical standard of any state. We have many applicants for State Examinations that absolutely show but little preliminary qualifications and but little preparatory training. There are many applicants that appear before our Board that have only attended two or three years of study in Medical Colleges. They are not qualified to practice medicine; they have not yet received that part of the course that the practical branches are taught. When and



where did they acquire their clinical information and their diagnostic power, aetiology and their knowledge of therapeutic action of medicine? Yet the applicant might be able to pass the examination and make a 75 per cent grade—the legal requirement, provided the questions are principally made up from first, second and third-year college course of study.

Therefore, I think we should co-operate with the Medical Colleges with their effort to raise the standard of requirements and hereafter in the preparation of our examination questions, make them entirely from the second, third and fourth years' work of study embraced in the College Course.

I wish to give a few reasons for my opinion:

1st. If we continue to license applicants who have not completed the prescribed course of medical study, we are doing a great injustice to Medical Colleges as well as the Medical Profession in general by the exercising of our licensing power to men to practice medicine who have failed to finish their college course of medical study; we simply interfere with and impede the higher aims of Colleges, viz., in raising the standard of the medical profession.

2nd. If we license an applicant that had duly finished his first, two or three years' study or completed the preliminary work, there is great danger of ending his College study. He might finish out the year, but the chances are that he would not return to his college to finish the course. We should not be a party in making Q. M. D. (Quick made doctors.) If he concluded to finish his course, I will guarantee he will not be as good a student with his license as without it. He will use his license as a guaranty to him for his diploma from the College. Many of this class would not care whether they had a diploma or not. But the right to practice is the thing most desired. I have heard them say a diploma counts but little. Therefore we are doing the student an injustice to license him before he finishes his course in college.

3rd. The exalted duty of the State Board or State Licensing Body should be to guard and protect the health and lives of the citizens of their state. Therefore, is it not just and right that the State Board should seek every possible source of information that could assist them in any degree in determining the qualifications of applicants for a State Examination for license to practice medicine? Who could give better information than the Medical Faculty who taught him?

4th. The remedy that I offer is simple and does not conflict with the State Law. I suggest that, hereafter, we require all applicants to furnish documentary evidence that they have finished the four years' course of study and that all applicants who desire to take the State



Board Examination to furnish the Secretary of State Board a certificate from the President or Secretary of the Medical College that said applicant has attended and completed his full four years' course of study in said College. If a graduate, the applicant can exhibit his diploma or procure the certificate as evidence that he has completed the necessary course of medical study to make a competent physician.

The above is respectfully submitted for consideration.

Yours,

J. T. THATCHER.



### DOCTORS ON THE COUNTY BOARDS OF HEALTH.

The following is a list of physicians on the County Boards of Health. A number of the Counties have not been heard from and any physician who is a member of a County Board of Health and whose name does not appear in this list will please inform me immediately, as we would like to have a full list of all such physicians that I may notify them at the proper time of a State meeting of the Boards which we contemplate holding some time this summer.

County.	Physician.	Postoffice.
Adair. . . . .		
Andrew. . . . .	Dr. W. M. Kerr. . . . .	Savannah, Mo.
Atchison. . . . .		
Audrain. . . . .		
Barry. . . . .	Dr. J. S. Plummer. . . . .	
Barton. . . . .		
Bates. . . . .	Dr. T. C. Boulware. . . . .	Butler, Mo.
Benton. . . . .	Dr. E. E. Holtzen. . . . .	Cole Camp, Mo.
Bollinger. . . . .		
Boone. . . . .	Dr. T. C. Richards. . . . .	Hallsville, Mo.
Buchanan. . . . .	Dr. W. J. Hansen. . . . .	St. Joseph, Mo.
Butler. . . . .	Dr. C. O. Wright. . . . .	Poplar Bluff, Mo.
Caldwell. . . . .	Dr. J. E. Gartside. . . . .	Kingston, Mo.
Calloway. . . . .		
Camden. . . . .	Dr. G. W. Moore. . . . .	Linn Creek, Mo.
Cape Girardeau. . . . .	Dr. Vineyard. . . . .	Jackson, Mo.
Carroll. . . . .		
Carter. . . . .		
Cass. . . . .	Dr. J. S. Triplett. . . . .	Harrisonville, Mo.
Cedar. . . . .	Dr. Frank A. Brown. . . . .	Stockton, Mo.
Chariton. . . . .		
Christian. . . . .		
Clark. . . . .	Dr. Frank B. Hiller. . . . .	Kahoka, Mo.
Clay. . . . .	Dr. W. H. Culbertson. . . . .	Liberty, Mo.
Clinton. . . . .	Dr. J. R. Hamer. . . . .	Cameron, Mo.



Cole. . . . .	Dr. J. T. Thrap. . . . .	Jefferson City, Mo.
Cooper. . . . .		
Crawford. . . . .		
Dade. . . . .		
Dallas. . . . .		
Daviess. . . . .		
DeKalb. . . . .	Dr. H. P. Yeater. . . . .	Maysville, Mo.
Dent. . . . .	Dr. E. A. Duncan. . . . .	Salem, Mo.
Douglass. . . . .	Dr. J. L. Gentry. . . . .	Ava, Mo.
Dunklin. . . . .		
Franklin. . . . .	Dr. H. A. C. Poppenhusen. . . . .	Washington, Mo.
Gasconade. . . . .	Dr. John D. Seba. . . . .	Bland, Mo.
Gentry. . . . .	Dr. J. N. Barger. . . . .	Darlington, Mo.
Greene. . . . .		
Grundy. . . . .	Dr. S. Shelton. . . . .	Trenton, Mo.
Harrison. . . . .	Dr. A. H. Vandivert. . . . .	Bethany, Mo.
Henry. . . . .	Dr. W. H. Gibbins. . . . .	Clinton, Mo.
Hickory. . . . .		
Holt. . . . .	Dr. W. C. Proud. . . . .	Oregon, Mo.
Howard. . . . .	Dr. Champion. . . . .	Hildale, Mo.
Howell. . . . .		
Iron. . . . .	Dr. G. W. Farrar. . . . .	Ironton, Mo.
Jackson. . . . .		
Jasper. . . . .		
Jefferson. . . . .		
Johnson. . . . .	Dr. A. J. Berry. . . . .	Warrensburg, Mo.
Knox. . . . .		
Laclede. . . . .	Dr. J. M. Billings. . . . .	Lebanon, Mo.
Lafayette. . . . .	Dr. F. W. Mann. . . . .	Wellington, Mo.
Lawrence. . . . .		
Lewis. . . . .	Dr. R. E. Wilson. . . . .	LaBelle, Mo.
Lincoln. . . . .		
Linn. . . . .	Dr. W. F. Burke. . . . .	Laclede, Mo.
Livingston. . . . .	Dr. D. A. Gordon. . . . .	Chillicothe, Mo.
McDonald. . . . .		
Macon. . . . .		
Madison. . . . .	Dr. L. J. Villars. . . . .	Fredericktown, Mo.
Maries. . . . .	Dr. Henry von Grempe. . . . .	Vienna, Mo.
Marion. . . . .	Dr. T. A. Raselle. . . . .	Palmyra, Mo.
Mercer. . . . .	Dr. G. M. Bristow. . . . .	Princeton, Mo.
Miller. . . . .		
Mississippi. . . . .	Dr. H. L. Reid. . . . .	Charleston, Mo.
Moniteau. . . . .		
Monroe. . . . .	Dr. F. M. Moss. . . . .	Paris, Mo.
Montgomery. . . . .	Dr. C. A. Ravelle. . . . .	New Florence, Mo.
Morgan. . . . .	Dr. William Well. . . . .	Versailles, Mo.
New Madrid. . . . .	Dr. C. W. Watson. . . . .	New Madrid, Mo.
Newton. . . . .		
Nodaway. . . . .		
Oregon. . . . .		
Osage. . . . .	Dr. O. H. Richoff. . . . .	Chamios, Mo.



Ozark. . . . .	Dr. T. J. White. . . . .	Gainesville, Mo.
Pemiscot. . . . .	Dr. Henry T. Byars. . . . .	Caruthersville, Mo.
Perry. . . . .	Dr. J. P. Clark. . . . .	Perryville, Mo.
Pettis. . . . .	Dr. W. S. Shirk. . . . .	Sedalia, Mo.
Phelps. . . . .		
Pike. . . . .	Dr. M. O. Biggs. . . . .	Bowling Green, Mo.
Platte. . . . .	Dr. R. P. C. Wilson. . . . .	Platte City, Mo.
Polk. . . . .	Dr. W. S. Hopkins. . . . .	Bolivar, Mo.
Pulaski. . . . .		
Putnam. . . . .	Dr. A. C. Berry. . . . .	Unionville, Mo.
Ralls. . . . .		
Randolph. . . . .		
Ray. . . . .	Dr. E. T. McGaugh. . . . .	Richmond, Mo.
Reynolds. . . . .	Dr. T. T. O'Dell. . . . .	Ellington, Mo.
Ripley. . . . .		
St. Charles. . . . .	Dr. C. H. Bitter. . . . .	St. Charles, Mo.
St. Clair. . . . .	Dr. D. B. Williams. . . . .	Osceola, Mo.
St. Francois. . . . .		
St. Genevieve. . . . .		
St. Louis. . . . .	Dr. G. C. Eggers. . . . .	Clayton, Mo.
Saline. . . . .	Dr. R. S. Hardin. . . . .	Marshall, Mo.
Schuyler. . . . .	Dr. E. L. Mitchell. . . . .	Lancaster, Mo.
Scotland. . . . .	Dr. A. E. Platter. . . . .	Memphis, Mo.
Scott. . . . .		
Shannon. . . . .	Dr. Frank Hyde. . . . .	Emiennce, Mo.
Shelby. . . . .	Dr. H. P. Willis. . . . .	Shelbina, Mo.
Stoddard. . . . .	Dr. Eldon Phillips. . . . .	Bloomfield, Mo.
Stone. . . . .		
Sullivan. . . . .	Dr. H. B. Hardman. . . . .	Milan, Mo.
Taney. . . . .		
Texas. . . . .		
Vernon. . . . .		
Warren. . . . .		
Washington. . . . .	Dr. James D. Hall. . . . .	Potosi, Mo.
Wayne. . . . .		
Webster. . . . .		
Worth. . . . .	Dr. T. J. Smith. . . . .	Grant City, Mo.
Wright. . . . .		



The State Board of Health of Missouri will hold examinations for license to practice medicine in Missouri in St. Louis, Mo., at Barnes Medical College, on April 10-11-12, 1906; examinations for midwives will be held on the 12th. The Board will also hold an examination in Kansas City, Mo., for the same purpose at the University Medical College on April 16-17-18, 1906; midwives will be examined on the 18th. The whole Board will meet in Kansas City, Missouri, and pass upon the applicants May 1, 1906, at Midland Hotel.



### PERUNA'S SHREWD ADVERTISING.

It is often said that "it is an ill wind that blows no one any good." The successful promoter, whether he be exploiting stocks, the latest book or patent medicine, takes advantage of everything that comes his way to push the sale of his product. Strange as it may seem, the nostrum promoters are taking advantage of the campaign against patent medicines to further the sale of their products. The New Idea calls attention to the following advertisement:

"There are people who object to the use of any proprietary medicine on the suspicion that spirits may have been used in its manufacture.

"Even Peruna has not altogether escaped such criticism. But people who have taken Peruna, who have known of the benefits of Peruna by actual experience, know how utterly unfounded such notions are concerning Peruna. When the treasurer of the National Prohibition Voters' League comes out in a public statement to the effect that words fail to express his praise for Peruna and for the manufacturers of Peruna, it must appear to every candid mind how utterly irrational it is to suppose that any objection could be raised against Peruna from the standpoint of temperance.

"Peruna has among its friends many of the leading temperance workers in this country who give it unstinted praise and do not hesitate to endorse it by the use of the most extravagant language."

The New Idea remarks that, since Peruna contains 28 per cent of alcohol, "this advertisement is distinctly funny in its studied attempt to appeal to temperance people without flatly denying the presence of alcohol. . . . There is undoubtedly much truth in that advertisement. For instance, the first paragraph is true; so also the first sentence of the second paragraph. And we doubt not that every word of the last paragraph could be proved in court: many a temperance worker doubtless finds Peruna very convenient, and after he has had several liberalized doses he would be likely to feel like indorsing it 'by the use of the most extravagant language.' The word 'extravagant' is perhaps used advisedly by the Peruna people; it means, according to the Standard, 'exceeding just or ordinary limits, reason, truth or probability; immoderate; visionary.' Thus it would indicate their own opinion that these temperance workers' praise of Peruna 'exceeds reason, truth and probability.' The enthusiasm of the treasurer of the N. P. V. L. seems directly traceable to the use of Peruna q. s. and is not particularly difficult to account for. We ourselves have seen men in such a condition that 'they could not think of words to express their praise' of something that they had lately been drinking.



"For some reason the Acting Commissioner of Indian Affairs of the U. S. Government does not seem to know that 'it is irrational to suppose that any objection could be raised against Peruna from the standpoint of temperance,' for the horrid thing actually said in his official circular to Indian Agents (August 10): 'The sale of Peruna is hereby prohibited. As a medicine something else can be substituted; as an intoxicant it has been found too tempting and effective.' Commissioner Larrabee seems not to 'know of the benefits of Peruna by actual experience,' strongly emphasizing 'benefits.'

"Peruna advertising, in some instances, appears to say more between the lines than on them."—Journal of American Medical Ass'n.



#### AT MEETING OF HOWARD COUNTY MEDICAL SOCIETY.

That it is the sense of the Howard County Medical Society that those clothed with authority to practice medicine in the State of Missouri should not only observe the laws of the State, but also the laws of ethics and courtesy that exists among professional brethren in their relationship one to another. And that they should use all honorable means to see that these laws are faithfully kept, to the end that the profession in the State may be purified and the standard raised in our grand old Commonwealth.

The society by vote endorsed the action of State Board of Health of Missouri at its Kansas City meeting.

(Signed)

C. W. WATTS,  
Sec. and Treas. Howard Co. Med. Society.

P. S.—This resolution was adopted and vote taken by society with reference to action of the Board at Kansas City in revoking license of eight physicians for unprofessional and dishonorable conduct.—W. S. T.



#### A SCHOOL FOR MULES.

On the ranch of Charles B. Metcalf, about a mile and a half from San Angelo, is what the owner declares to be the only mule school in the world. It is a popular impression that mules are so stupid, stubborn and "contrary" that they cannot be trained like other animals, but Mr. Metcalf has demonstrated that they are just as intelligent as horses, and by kind treatment and tactful instruction can be made to



do anything that can be taught a horse. To prove his argument, he takes his friends to see a drove of sixteen mules from two to four years old, which have been trained within the last year on his ranch to do almost everything but talk.

They are ordinary mules. They have never been in a circus and were never exhibited for money. They go through military evolutions at the word of command like a well-drilled squad of soldiers and introduce a little comic business with a sham battle between the Russians and the Japanese. Nearly all of them have their little individual stunts, which they perform as they are called up one after the other. They have a dance and waltz around the corral; one of them pretends to be sick and another comes up to doctor him, examines his tongue and gives him medicine; they lie down and go to sleep and are awakened by the ringing of a bell; they have a school with a teacher, who hears the scholars recite their lessons and spansks them for being naughty. "Dotty Dimple" says her prayers, and the rest of them do their share in the entertainment, all of which takes place in the open field. There are no tents or benches or scenery, which, of course, adds to the interest of the show.

The star performers are a coal-black animal named "Theodore" and a pure white one named "Booker." Mr. Metcalf says that "Theodore" is the smartest mule in the world—smarter than most men I know. He is more energetic and strenuous than Booker, but he is not so polite. They are great chums and pull together perfectly. They have never had a difference."

During the performance "Theodore" makes a speech from the top of a dry goods box that is rolled out on the grass; and if you allow yourself to come under the hypnotic influence of Mr. Metcalf, you can perceive a resemblance in the animal's gestures and other oratorical peculiarities to those of the President of the United States. "Booker" is an orator also, but is not so eloquent as "Theodore."

The closing number of the program, and the most popular, is a lunch party of which "Theodore" and "Booker" are the only guests. The table (an old box) is set by a mule of spotless white called "Dixie," and she serves as waitress during the meal. "Theodore" and "Booker" eat together in the most friendly and even affectionate manner, and rub each other's noses; and Mr. Metcalf says:

"I have never heard a single man in Texas object to it!"—Texas Medical News, August.



## THE PREVENTION OF TUBERCULOSIS.

The prevention of tuberculosis is a most important and timely study, and one that is engaging a great deal of serious attention at this time. The medical profession, as well as all sanitary and health commissions, are getting intensely in earnest in their efforts to combat and overcome the ravages of this deadly scourge which, according to some eminent writers and statisticians, is responsible for one-tenth to one seventh of all deaths occurring among the human family.

Society as it exists to-day may be divided into three general classes as relates to tuberculosis:

(1) The class individually free from the physical stigmata of the disease and with no predisposition acquired or hereditary.

(2) Those who have the predisposition or hereditary, direct or remote, yet without any active present manifestation.

(3) Those in whom the expression is manifest either in its incipency as denoted by physical examination and the presence of the tubercle bacilli or the established lesions of its more advanced stages.

Methods of prevention must necessarily relate, as far as possible, to all three classes, but properly and primarily in the interest of the first two divisions, since the latter is already one of infection and a direct causal factor in the propagation and spread of disease. However, while this is true and we live in constant danger of its menace, it must be dealt with under the grace of all human agency, as representing a division or membership of our social organism too close and personal in many instances for arbitrary or radical disposition.

Scientific research has deduced most valuable data concerning the nature and spread of tubercular infection, but as yet has given us no remedial panacea, theories and specifics alike failing us in the test of experience.

Sanitary methods of prevention, also, have had many handicaps and our best efforts more serious limitations than are met with in most other types of infectious diseases, by reason of the chronic nature of the infection, its wide-spread prevalence and the predisposition and exciting conditions everywhere present.

A summary of medical knowledge to date proves our chief success and best prophylaxis is in assisting and co-operating with nature to build up and maintain the integrity of all nutritive processes, and keep untrammelled, as far as possible, all physiological functions.

The following general formulæ or rules may be said to furnish



the basis of intelligent action as regards the first two classes in my division;

(1) A well regulated system of hygiene supplemented by a careful mode of living that will contribute to the best tone and integrity of the entire organism, thereby enabling it to maintain its highest natural immunity as exhibited in its power of resistance to all germ invasion and proliferation.

(2) Residence in healthful localities where the lungs can have plenty of good, pure air with plenty of outdoor exercise, avoiding all unnecessary exposure or overexertion either in recreation or work.

(3) Keep the body and feet warm, and impress the importance of "colds" and the danger in neglecting to properly care for them when contracted.

(4) That vital metabolism may represent a normal balance or relation between waste and repair sustain the nutritive processes and consequent body weight by a generous dietary, well cooked and easy of assimilation. Proper food and good digestion make good blood and good blood makes good health.

(5) Emphasize the importance of and considerate attention to all diseases of the respiratory tract. Bronchitis, La Grippe, Pneumonia and Pleurisy are to be well guarded and nursed, and in all cases see that resolution is fully established following an attack of one or other of these diseases, since the areas of these unresolved morbid processes too often become fruitful culture media for tubercle bacilli propagation. The greatest percentage of all tuberculous disease can be traced in aetiological relation to one or other of these conditions.

(6) Avoid as much as possible any close or protracted association with tubercular patients.

The foregoing measures carefully observed, with habits of personal sanitation, constitute our surest defense against infection from the tubercle bacilli as far as acquired causes operate or natural immunity protects. And yet the barriers of this security are easily invaded and broken down unless certain precautionary and sanitary methods are adopted with reference to the management of the living, active sources of infection all about us as represented in the third class of my division. The highest and ultimate aim of protection is in preventing this class from infecting other lives, as well as individual members thereof from reinfection. Reinfection of already infected cases is a serious consideration in the care of tubercular patients, both as relates to their own interest and the common good. In many instances a patient could and would be cured of his malady



and cease to be a focus of infection to others if he could be thoroughly convinced and impressed with this danger to himself. All of us have seen and treated cases where we have noted improvement and had the promise of ultimate recovery only to have our hopes dashed by a reinfection for which the patient was often solely responsible, because he did not understand the conditions necessary to his well being.

The initiative work in this direction is specific sanitary regulation and an educated moral responsibility. Impress all tubercular patients that they are foci of infection and a constant menace to society unless wise and prudent in methods of personal care and hygiene; emphasize the necessity on their part of a scrupulous regard for the public welfare, and instruct them in the observance of all methods that will prevent or minimize the spread of the disease. Tubercular sputum is a prime and direct source of infection, a deadly ambush of bacilli, and its infectious nature should be earnestly impressed, as also the wide dissemination it is capable of in a dried and pulverized state.

In order to guard against this very prevalent danger all tubercular patients should provide themselves with a suitable receptacle, wide-mouthed and having a tightly-fitting cap and into which all expectoration should be received. Especially is this to be insisted upon when traveling in any public or private conveyance, walking upon the street or whenever away from home. This receptacle should also contain some disinfectant solution, which may be added to from time to time when expectoration is very copious. Several such receptacles should be kept constantly on hand and when one is in use the others should be properly cleansed, boiled and disinfected, ready for future use.

Promiscuous spitting, by infected persons, upon the streets or elsewhere in public places, in open and persistent breach of such a code, should constitute sufficient provocation for the compulsory segregation of the offenders. Moreover, it should be the duty of physicians to carefully watch the sputum of patients attended with any cough for the tubercle bacillus and in all suspicious cases submit it for examination, even though there are no appreciable indications of tuberculosis.

Tubercular patients should have separate and exclusive apartments, with strong sunlight, exposure and well ventilated. The room should contain little furniture or hangings, no carpet or rugs, and be disinfected once or twice a week.

One desideratum belonging to a former period should never be neglected; namely, the old-fashioned, wide chimney fire place; be-



sides being cheerful it is a real safety conduit. In wholesome weather outdoor sleeping under tent canopy is preferable.

Tubercular patients should use a brush for teeth toilet after each meal, followed by a thorough rinsing of the mouth and throat with some mild disinfectant solution. Again, male patients should keep scrupulously shorn of all beard and mustache. Persons of tubercular infection, having much cough and expectoration, should not frequent crowded public assemblies in close, illy ventilated rooms or halls. Osculation should be strictly prohibited from the incipient stage or proven presence of the bacilli throughout the course of the disease. This should be strongly emphasized and the public so thoroughly educated regarding its dangers that the promiscuity of kissing would be brought into great general disfavor with the laity.

Compulsory segregation, if practicable, would no doubt be the ideal method of prevention and greatly minimize the danger and spread of infection. But such a course is not feasible and presents too many serious objections to ever have successful issue. Tubercular infection is too chronic and widespread, too close in vital relation to the masses and any system of coercive segregation would revolutionize society and disturb too seriously the organization of all human cosmos. Our nature would too strongly protest under the proscriptions of such rigorous, ruthless measures even though done under the sanction and authority of law.

Sanatoria, either private or state, properly constructed and equipped, would contribute materially to the cure and prevention of tuberculosis, and if rightly conceived would very largely solve the segregation problem. Much can be said in favor of state sanatoria, and I am aware statistics will prove their advantages in states where the system has been established. However, I believe national sanatoria would realize the largest good and give less disappointment to public faith and expectation. I take this position and draw my deductions from known relation and advantage that certain climatic influences have both in the prevention and cure of tuberculosis. Strong sunlight is a natural disinfectant and with direct exposure is distinctly germicidal in its agency, and the energy of its operation is intensified by altitude and dry, rarefied atmospheric conditions. Now certain states offer favorable and pre-eminent location for these institutions by reason of these natural conditions and the government could well afford to utilize the indigenous advantages of these localities for such institutions.

Two classes of sanatoria should be provided: One for the incipient stage of the disease, or for the reception of all cases where the



lesion is not advanced and the promise of cure is a reasonable one. The second, for cases more advanced, where the infection and established lesions preclude a reasonable hope of cure.

Shall persons with tubercular stigmata marry? There is an old adage which says that every child has the right to demand to be well born, and there is unquestionably a great deal of moral responsibility in the congress of sexes. Life is a struggle of mad daily conflict, proving the survival of the fittest, and every child has a right of protest who is thrown into the circus maximus with a less birthright than *mens sana in corpore sano*. The function of procreation is the privilege and obligation of the marital state and is in direct and vital relation, if not to the propagation and spread of tuberculosis at least to a predispositional diathesis in proportion as one or both parents are under the infection. However, in answering the question I would say that no person who has an active tubercular lesion or whose physical constitution is below par by reason of any heredity should contract marital relations. But the mere predisposition, depending upon a direct or remote heredity, in itself should constitute no implacable bar or hindrance to such a consummation so long as there exists no manifestation of the disease and the constitutional integrity is otherwise up to a normal standard. And further, provided that the contracting parties are well instructed and impressed with the moral and sanitary conditions of the union.

ROBT. H. GOODIER, M. D.

*Hannibal, Mo., Feb. 19, '06.*



### MORE ROSTERS.

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There are yet a number of Rosters in this office, giving the names and addresses of all the physicians of Missouri. Anyone desiring the same can have one by sending five cents for postage, until the supply is exhausted.



# BULLETIN

## OF THE

# Missouri State Board of Health

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	PAGE
"A Word to County Medical Societies" - -	2
"Reciprocity" - - - -	3
"A Word to Local Boards of Health Throughout the State of Missouri." - -	5
"Dr. Frank Lutz before the Council on Medical Education of the American Medical Associa- tion on May 12, 1906." - - -	6
"Address at Laying of Corner Stone of Missouri Sanitarium for Incipient Tuberculosis." -	8
"Statement of Bacteriologist." - -	13
"Venereal Diseases and the Public Health" -	14



### **A WORD TO COUNTY MEDICAL SOCIETIES.**

In so far as is possible the State Board of Health would like to act in harmony with the members of the County Medical Societies throughout the state, in securing reliable information pertaining to the interest of the medical profession and to the interests of all good citizens of this state as well.

Letters of complaint against some doctor who is not licensed or who is, and is violating the laws, are received almost every day from physicians who are anxious that none but worthy ethical and legally licensed physicians should practice in this state, yet many of them after giving information against an illegal practitioner, will close by requesting that their name be not used in connection with the case. The Board cannot act without proper testimony, neither can it go from place to place in search of testimony, this must be furnished by the citizens living in the community and who know about the charges preferred.

Now to expedite the good work and at the same time relieve any one physician of the burden of securing all of the testimony to be considered by the Board, it would be well for the physician to first present the case to the County Medical Society and there as a body develop all the facts in the case. If found to be a case that the State Board should investigate then make the formal charges and present the same to the State Board of Health. This will properly divide the responsibility and I am sure will make the work more effectual. The Regular, the Homeopathic and the Eclectic Societies should in every county in this state co-operate with the State Board of Health by taking an active interest in this work as the St. Louis Society is now doing. The St. Louis Medical Society is leading in a great work, may it not get weary until its mission is fully performed.

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### **RECIPROCITY.**

The first license on reciprocity was issued August 19, 1905. There have been just twenty-five issued during the year. I suppose there have been five hundred physicians who have communicated with me in regard to it in this time. Our reciprocal relations as established are very meager and only include a few states, which are as follows: Indiana, Michigan, Nevada, Maine, Minnesota, Delaware, Iowa, Kansas, Colorado, Kentucky, Wisconsin, Wyoming and the District of Columbia.

A licentiate living in either of these states who desires to secure a



license in Missouri to practice medicine must be able to comply with the following rules:

No. 1. That a certificate of registration showing that an examination has been made by the proper Board of any state, on which an average grade of not less than seventy-five per cent was awarded, the holder thereof having been at the time of said examination, the legal possessor of a diploma from a medical college in good standing in the state where reciprocal registration is sought, may be accepted, in lieu of examination, as evidence of qualification: Provided, that in case the scope of said examination was less than that prescribed by the state in which the registration is sought, the applicant may be required to submit to a supplemental examination by the Board thereof in such subjects as have not been covered.

No. 2. That a certificate of registration or license, issued by the proper board of any state, may be accepted as evidence of qualification for reciprocal registration in any other state: Provided, the holder of such certificate had been engaged in the reputable practice of medicine in such state at least one year: Provided, also, that the holder thereof was, at the time of such registration, the legal possessor of a diploma issued by a medical college of four years requirements in good standing in the state in which reciprocal registration is sought, and that the date of such diploma was prior to the legal requirements of the examination test in such state.

The Board reserves the right to make such changes as it may deem wise and just, under the provisions of the law.

Applicants who take the State Board examination and fail cannot receive a license on reciprocity by going into a sister state that is on reciprocal relations and passing her Board and then returning with her license for reciprocal relations as many have done. For instance here is part of a letter from one such who took our examination last April in Kansas City who made an average of sixty-four per cent and who has since passed the State Board examination in a sister state and made an average of eighty-four per cent:

*"Dear Doctor:*—I would like to know whether or not I passed your examination. At least if I did, it seems to me that I have waited patiently long enough and if I did not, will you please send me blanks for reciprocity with ..... I have laid around about as long as I can and must go to work pretty soon.

Yours respectfully."

He got an average of eighty-four per cent from this neighboring State Board and then applied to us for reciprocity but we did not reciprocate. Another one took the examination before us at the same time and made an average of fifty-six and passed this same Medical Examination Board of a sister state and got an average of eighty-four per cent plus and returned asking reciprocal favors upon the license thus obtained which of course we could not grant. This is only two out of a number who have asked the same favors under the same circumstances. The intention of the licensing Board of Missouri is to as-



certain the qualifications of the applicant and when the Board has undertaken this job it will not be transferred to any other state board to determine these qualifications and no such parties need apply hereafter for reciprocal favors.





## **A WORD TO THE LOCAL BOARDS OF HEALTH THROUGHOUT THE STATE OF MISSOURI.**

I have had communications with physicians throughout the state, that, in some instances where they had small pox last winter, they had had it the winter before, and it was impossible to trace the origin of the disease unless the germs had found lodgment in the school house or in the winter clothing that had been laid aside and used on returning to school. Now as a precautionary measure I think it is wise and proper for the local Board of Health throughout the state to advise and so far as possible see that all school houses are properly disinfected before the schools open this fall. This will be worth many times the trouble and expense by freeing the school rooms from all contagious germs to begin with. You will need no expensive apparatus for thoroughly disinfecting these school houses, as four ounces of permanganate of pot. placed in an open dish upon which one pint of forty per cent formaldehyde is poured will set free the gas and thoroughly disinfect a thousand cubic feet. The size of the room can easily be calculated and this will do the work nicely without any costly apparatus or great expense.

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On August 8-9-10th there was 100 applicants who took the examination before the State Board of Health of Missouri for license to practice medicine and surgery. The State Board of Health will meet at Hannibal on the 4th of September and pass upon their papers.

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The next examination of the State Board of Health of Missouri will be held in Kansas City, Missouri, at Midland Hotel, on November 26th, 27th, 28th.

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There are still a number of the rosters of registered physicians of Missouri in this office and any doctor desiring a copy can procure same by sending five cents to cover postage.

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Read Dr. Porter's address on tuberculosis read at the laying of the corner stone of the Tubercular Sanitarium of the State of Missouri, at Mt. Vernon, Missouri, on August 15th. It is an excellent paper and should be read by everyone.



**DR. FRANK J. LUTZ BEFORE THE COUNCIL ON MEDICAL EDUCATION OF THE AMERICAN MEDICAL ASSOCIATION, ON MAY 12, 1906.**

*Mr. President and Gentlemen:*—The Chairman has emphasized the humor of the situation by placing in juxtaposition New York and Missouri, the one having the highest standard and the other flattered by your committee by exhibiting us on your chart as being governed by preliminary requirements and standards of medical education—desirable, I grant you—but it all holds only in a modified way. When a representative of our state is asked to say something of the relationship of the board of examiners to medical education, I might well say the “illimitable realm of thought is ours.” We have everything to accomplish. However, I hope some day to be able to report that we have accomplished something.

**PERSONNEL OF BOARD.**

Necessarily, Mr. Chairman, the personnel of the examining board is governed by the law of the particular state in which the board of examiners is appointed.

I believe the geographical distribution of the members of the board is an important item with the governor, who makes the appointments. I can not agree with the opinion that a board of examiners should not have among its members teachers in medical colleges. When no member of a board has had any experience as a teacher, two bad conditions are liable to result. Some of the questions are ludicrously easy to answer, so that a non-graduate could readily make the 75 per cent. required, or the examination was so difficult that nobody could answer the questions.

**SCOPE OF EXAMINATION.**

The scope of the examination, as a rule, is limited by law. It is limited in our state. The statute fixes the number of subjects on which examinations shall be held. It specifies that they may be partly in writing or partly oral. It specifies, too, that the board may add certain branches. In our state, bacteriology has been added within the last two years. In connection with licensing boards there should be and necessarily must be where no reciprocal relations exist between states, for the examination to be fair, a distinction made between students recently from our laboratories and the general practitioner who, perhaps, has been out of college ten years and has never attended a postgraduate course and has not embraced the opportunities for brushing up. The latter will not, as a rule, make the percentage in the fundamental branches, so called, or in the scientific branches. He will make such answers as these:

Question—“Differentiate between infection and contagion.”

Answer—“I cannot differentiate between contagion and infection,



but I can illustrate what I mean: Crabs is contagious and clap infectious." (Laughter.)

Now I venture to say that he was a fair practitioner. (Laughter.)

A Voice—"You passed him, didn't you?"

Dr. Lutz—I am afraid to tell. The greatest difficulty in our state consists in the fact that our law does not require any kind of preliminary education. It requires no college curriculum. It simply privileges anybody, regardless of whether he has any preliminary education or not, whether he has attended a school or not, to apply to the board of examiners, pay a fee and rest on what his examination may bring forth for him.

#### IRRESPONSIBLE MEDICAL COLLEGES.

If the medical colleges were to live up to the standards to which they subscribe, by being members of the Association of American Medical Colleges (and I can say this because I am an humble member of a faculty), then even the work with us would be very much easier. But so long as medical colleges exist that depend on fees from students for their existence, so long will it be difficult to enforce, even in those states where the law requires it, such a curriculum as is made standard by the American Medical Association. There are sections in this country where the medical school, the property of private individuals, has a reason for its existence. In a number of the large cities I may say that there is no occasion now for a proprietary medical college. I am speaking now of our own state. Medical schools admit students and throw the burden of their rejection on the licensing board. Medical schools permit men to go from the first and second and on through all the years of study, perhaps failing at the final examination, or successfully passing it, to come up before a board which finds in its greatest leniency that such men should never have been permitted to begin the study of medicine.

#### DUTY OF LICENSING BOARDS.

I dare say for a long time the licensing boards will be obliged to do police duty, to look after the medical colleges, to make their standard so high that if these colleges can not attain it the students will fail and the medical schools will go down, because with them, after all, it is a question of commercial relationship.

In our state I am glad to say that things are getting much better. Formerly we had the largest number of medical colleges in proportion to our population, but I am glad to say that our population has been very materially increasing and the colleges decreasing. I wish also to say that, so far as the work of our State Board of Health is concerned, I think there is a sincere desire to co-operate with the Council on Medical Education in order to bring about a better condition of affairs. We really have no regulations to make for others, as we need so many for ourselves.



## **ADDRESS AT LAYING OF CORNER STONE OF MISSOURI SANITARIUM FOR INCIPIENT TUBERCULOSIS.**

BY WILLIAM PORTER, A. M. M. D.

Director in National Association for Study and Prevention of  
Tuberculosis.

Today is no ordinary day in our state. This corner stone, whether we so understand it or not, is a mile stone marking an advance of greatest import to our commonwealth and its citizens. Like one of old, we stand on an eminence which has this day become historic. The long journey with its death strewn leagues has brought us to a point of vision whence the land promise invites—where dream and expectation have become a reality—where she who was once called “poor old Missouri” reveals a beauty and matronly care for her children which places her in the front rank of the glorious sisterhood of states.

You gentlemen who represent so well principles which have made our state no longer sixth but first among the half hundred claimants for state excellence; you citizens of this beautiful Mount Vernon—men and women of Missouri, do you know what you have done today? May I try to tell you? May I ask a few minutes serious thought upon one of the most important questions ever brought to public notice? While this question has to do with the building so carefully designed, it is not of brick and stone that I would speak, but of men, and of that corporate body of men, the state.

We require, says Ruskin, from buildings as from men, two kinds of goodness. First, their doing their practical duty well; then that they be graceful and pleasing in doing it, which is another form of duty.

Every mission (Mazzini) constitutes a pledge of duty. Every man is bound to consecrate his every faculty to its fulfillment. He will derive his rule of action from the profound conviction of that duty. “In the same spirit,” says Bacon, “I hold every man a debtor to his profession to be a help and ornament thereto.” So I would ask you in this hour to consecrate your faculties and yourselves to the mission and profession of which this stone so eloquently speaks.

If my advocacy were equal to the strength of my cause, I would convince you. As it is I can but appeal to you. The best argument I can make for the building and maintainance of a state sanitarium for tuberculosis is the presentation of facts. It would not be thought by you to unduly magnify my office. I want to speak to you, not only as a physician, but as a citizen upon whom has been placed a responsibility, to make certain truths touching the home and the lives in the home so plain that you will share with me this responsibility which is both yours and mine.

I have been asked to present to you a brief sketch of consumption as a world wide plague and the methods that are proposed to limit its ravages. Let me in answer assure you that I am offering no vague hypo-



thesis but an absolute verity. Have patience with me as I try to convince you, not only that consumption can be stamped out, but that it is your duty to help in this work and that without your aid we cannot fully accomplish it. The question is a large one, the most important, I believe, that can come before a body of citizens, active in the betterment of the community and the safety of the individuals, but a question that can be answered.

Let us use the terms consumption and tuberculosis as expressing the same condition. There are reasons why this should not be done in a strictly technical paper but it may be well not to obscure the subject by unnecessary definitions.

Consumption is a disease caused by a specific germ, easily recognized, which enters the body, finds its way to some organ, preferably the lungs, to a spot where resistance is weakened—multiplies, sets up inflammation, and, if not checked causes destruction of the part of the lung, with resulting injury to the whole body. This germ or parasitic disease is in the same category with small pox, cholera, yellow fever and the bubonic plague, in that it is caused by a specific agent, is due to neglect, ignorance or unfortunate proximity and it can be limited as easily as any of these, when once understood.

Let me give you a few figures showing the extent of this scourge. In this country at present rates, one tenth of those now living will die from consumption. This means 7,000,000 in the United States, 500,000 in Illinois, 300,000 in Missouri and 70,000 in St. Louis but as the urban rate is one seventh, 100,000 is nearer the loss in our own city. In St. Louis there are probably 5,000 active cases of consumption in the different stages; in Chicago, 8,000; in Boston, 5,000, and last year in New York City, possibly because of well enforced registration laws, 28,831 cases were reported. It is estimated that there are 30,000 cases of consumption in Illinois, 20,000 in Missouri and over 10,000 in Iowa. In Illinois, with a population of 5,000,000, last year 7,000 died from consumption. Iowa lost 2,000 and our own death list from this disease was over 4,000. In the United States the deaths from consumption are about 110,000 annually, or one every 5 minutes.

The economic loss is equally startling. Last year in Illinois the estimate from official statistics was \$36,551,000—not including the value of each of the 7,000 lives lost by consumption during the year. In Iowa the annual loss is estimated to be over \$10,443,000; in Missouri, \$24,000,000; in the United States, \$547,385,000 or \$8 for every man, woman and child. (Boice.)

Is it not true that we should study and strive to limit a disease so insidious, so destructive to life and finance as this? In the greatest modern war the loss of life was not so great and the cost to each side of 100,000 lives is less than what consumption costs the United States each year.

In the study of the disease there are three main features to be remembered:

- It is a communicable disease.
- It is preventable.
- It is curable.



It is not my object here to discuss the progress of this disease and its care in the individual. This is more within the province of the physician and the trained nurse. I take it that the topic of the hour is the question of the limitation of consumption and the very important role which we as citizens have in its accomplishment. Right here let me say that the limitation of tuberculosis is not a Utopian hypothesis. It can be done; it is being done. Pasteur has said: "It is in the power of man to cause all parasitic diseases to disappear from the world." Consumption is pre-eminently a parasitic disease caused by a micro-organism which grows on living organic matter. Other diseases of infectious type and germ origin are controlled. We have practically stamped out small pox. We no longer fear cholera; the terrible bubonic plague has been kept from our American cities, and diphtheria is curable and limitable to a degree little dreamed of a dozen years ago, yet here is a parasitic disease in which the germ cause is easily recognized, which is mainly dependent upon ignorance and carelessness, which can be largely controlled and is curable, and we permit it to hold unchallenged sway. Figures are of more value, however, than mere statements, however authoritative. In Germany the decrease in the number of deaths from tuberculosis during the last ten years has been fifty per cent and in England about the same. In New York the death rate has fallen from 4.2 per 1,000 to 2.9, a reduction of more than 40 per cent. In Philadelphia the decrease in ten years was 43 per cent.

Upon the basis of the New York and Philadelphia results, forty per cent of the estimated 100,000 victims among those now living would be 40,000 lives saved in St. Louis alone. Forty per cent saved of the five thousand cases now existing in St. Louis would be 2,000 less to suffer and endanger others—2,000 more bread winners won back. It means a saving of \$9,000,000 annually to Missouri and of 50,000 lives and \$350,000,000 each year to the United States. Can Missouri, or we as citizens of Missouri, make any better investment of our time and money than the accomplishment of this object? I repeat the word "we" for somehow I have faith that in this audience are some upon whom the sense of responsibility in this matter will lead to definite, active effort for the safety and preservation of ourselves and those dear to us which is the first law of nature.

The limitation of tuberculosis is largely a matter of education. The rich must be instructed and the poor instructed and helped. If the lives of its citizens are a country's most precious possession, surely here is something worthy the best thought and the most careful legislation. In France and Germany tuberculosis is very rapidly stamped out and the average Missourian is as valuable an asset to the state as the citizen of any of the lands beyond the sea. The keynote is education and care. Dr. Trudeau, to whom we owe so much of hope and direction, says in a recent letter, "The first thing is to give patients education by means of pamphlet, so that they may learn not to infect others and to care for themselves."

What is being done to further this work? First of all there has recently been formed the National Association for the Study and Prevention of Tuberculosis, comprising the leading workers in this depart-



ment, with annual meetings for the report of progress. In many states provision is made or being made for the building and maintaining of special sanatoria for consumptives. Massachusetts erected a state sanitarium at Rutland in 1895; New York has a half million institution under way. New Jersey has appropriated \$300,000. Illinois is far along with her plan and other states are discussing the subject. Iowa has \$50,000 for like purpose. Private institutions are found in almost every large city and camp, and settlements are being everywhere located from the Adirondacks to the Mexican border, for it is now a proven fact that there is no special climate for the cure of consumption, but that it can be cured in any climate.

What is being done in St. Louis and our state? The past year has seen advance in this civic duty. Mount St. Rose, although a private institution, has been adding to its claims for recognition. Special wards are set apart for the consumptives at our city hospital, and special hours for the treatment of this class of cases are designated by the health commissioner. A new plant for the better treatment of the tuberculosis poor will soon be in operation. Our local association in St. Louis has not been idle. It has carefully studied and urged a bill giving the health department power to oversee, register and provide for disinfection, a most important step. It aided in the passage of a bill providing for a state institution for the consumptive, of which we have this day the result. The association has placed placards in the street cars, in the factories and distributed 550,000 leaflets and pamphlets through our schools, police force departments and industrial associations. The money that has been donated has been invested in a way that will benefit our people many times the amount, and we can invest thousands more at the same rate of interest. Recognizing the largeness and importance of the work our association has been carefully planned and in it are men who will not lay down the task which they have unselfishly undertaken, but they must have support. The city which carried to success the greatest exposition ever held, which is making gigantic strides not only as a city of beautiful homes but as a business center of the first magnitude—the citizens of this city will furnish the means for more effective work in this great crusade and the work will be done. Forty thousand lives saved in one city in this generation! How many may that be in the families represented in this audience? The same effort must be carried into every part of our state.

One more thought. The comparatively little that has been expended in any state or city for this purpose is the best investment ever made by that state or city for its citizens. This work is not wholly charitable—it is that and it is protective. By helping to stamp out consumption you are protecting your own. A lady patron, in giving her contribution to our local association, said: "It is for others, but it is also for myself." A life insurance, if you please. Every case prevented is one less danger to your home. If the death rate from consumption is one in seven, what is it worth to you to have the danger reduced one half? To this add the protection you are giving other homes and you must help us—you cannot help but help us.

This sanitarium will be limited in its immediate results for under the most liberal care by the state it can accommodate but a small propor-



tion of the tubercular, but its value as an educator, as fostering hope in the curability of consumption, as a searcher out and distributor of the best to those who need the best, will be untold. Every patient returned to his home a well man will be a missionary to those around him. Each report will be a gospel of glad tidings to our brothers and sisters who are overweighted in the struggle for life. The solution of the tubercular problem means the solution of the social problem in the lessening of misery, better living, and coming together of rich and poor on the common ground of personal and social reciprocity, better homes, economic expenditures, better wages, more intimate knowledge of the man who is our neighbor.

I may not close without bringing home to each of you again, the question of personal responsibility whether interested as private citizens or from a sense of official obligation. The duty of the citizen in this cause is to incite and support measures to guard his fellows, his employees, his home, by means of local laws, and associations, and to ask active co-operation from his legislative representative.

The duty of the state which we have a right to claim, is to furnish money for building and maintainance, and to create and enforce laws for sanitation, inspection, registration and such other indications as may be made plain in the effort to limit this great scourge. In so doing, the state is strengthened, for the physical and mental standard of the individual is the criterion of the commonwealth. In this crusade little could be accomplished without the aid of the press. It is a campaign of education. The first thing is the education of the people to the extent of the danger and the ease of limitation. The development and application of methods will follow naturally. I do not hesitate to say after a careful review of statistics, that five per cent of the money wasted and the care expended on tubercular cases would in ten years, if judiciously invested, make consumption as rare in Missouri as is small pox or yellow fever. In this education the press is our great aid and it is well worth the saying that we owe to the press of Missouri much of what has already been accomplished in this work.

The work is but begun, but the foundations are well laid. Our general government is awake to the needs of protection and care for its department workers. A cabinet secretary for public health is a possibility. Our states are giving this question something of the same consideration that is given to the control of other contagious or parasitic diseases and that means limitation and comparative extinction, while every up-to-date physician in the land, rejoices that this has come about in his day.

I thank you, gentlemen of the committee, for the privilege of speaking so plainly where there is so much of promise and help, I congratulate you on the presence of, and the interest taken by our governor and state officials. If his excellency will pardon me, I ask you to join with me in the whispered words with which under other circumstances, he once thrilled the heart of our great state, "Missouri, Missouri, I'm pleading for thee."



### STATEMENT OF BACTERIOLOGIST.

Since the appointment of the state bacteriologist there has been a fair amount of interest shown by the sending of specimens of sputum for examination. It would seem, however, that there should be more physicians making use of the opportunity of having certain examinations made without charge.

The response of the different state institutions in regard to the bacteriological examinations of their drinking water has not been quite as hearty a one as had been hoped. Most of them, however, in reply to personal letters sent in specimens of water. The first ones received in the laboratory had not been quite properly obtained, and in consequence the results were not as accurate as they might have been. As soon as the technic of the obtaining of the specimens was better understood the number of the organisms in the water very greatly diminished.

So far there has been found no water that showed any evidences of contamination.

In a few instances we are sorry to say that no response has been elicited in spite of letters directed to those in charge of the institutions. It is to be hoped that they will all begin to co-operate with us.

There also seems to be some haziness in regard to the duties of the state bacteriologist. The Board of Health feels that he should be responsible only for such examinations as concern the general welfare of the public. Under this heading would come the examinations of tubercular sputum, diphtheria exudates and typhoid blood.

Specimens of tumors, however, would not come under the bacteriologist's duties as such do not have any general bearing, they are a matter of purely individual interest and importance. For such examinations a fee would be charged.

It is also not possible to have the bacteriologist examine specimens of water sent by private individuals except on the payment of a fee. If every one could send such specimens there would be no time to do any of the other work. As yet the state board is not in a position to have some one devote his entire time to their services.

One other point to be mentioned is the importance of filling out and returning the blanks that are sent out with the reports. It would seem a very easy matter to do, but in several instances the recipients of the reports have not taken the trouble. By not sending them in the value of the examination is limited entirely to the physician and his patient, the state, has nothing to show for the work that has been done.

GUTHRIE McCONNELL.



## **VENEREAL DISEASES AND THE PUBLIC HEALTH.**

The homely adage, "An ounce of prevention is worth a pound of cure," is rapidly acquiring new and stronger significance. If it is true that "there is no such thing as science for the million," it does not follow that society in general can not be greatly benefited by being enlightened on matters regarding hygiene and the prevention of disease.

The work done this year in the Section on Hygiene and Sanitary Science was of great value, and much good is to be expected from the deliberations of the committee appointed by the association to outline a plan of organization of a department of public instruction. Already societies of social hygiene have been formed in New York, Philadelphia, Chicago and elsewhere, here and abroad, for the purpose of checking the spread of venereal diseases.

No ailments are more common than these, yet there is none more insidious and pestilential. The number suffering from them can not be accurately determined. Some one has estimated that five million people in this country are or have been tainted with syphilis; this is probably an overestimate, but the number is enormous. The number of those affected with gonorrhea is undoubtedly much greater than those suffering from syphilis. Yet the subject has, until recently, received little attention as compared with its far-reaching consequences.

No statistics can measure the destructiveness of these diseases. Death rates indicate but a fraction of their results, but every medical man knows the terrible mutilation and disfigurement of neglected syphilis is not less dreadful than the later outcropping of the disease after the interval of hope and forgetfulness, nor less disastrous than its perpetuation in the lives of another generation.

Gonorrhea, often considered proper subject for jest and ridicule, fills our institutions of the blind with its victims and brings to the operating table of the gynecologist the largest proportion of his patients, the innocent sufferers from the "indiscretion" and ignorance of youth. The effect of this festering mass of disease on the future welfare of our race is more than a subject of speculation. Its destructiveness has been observed in the past, and there is reason to believe that it is even now threatening that enormous vitality which has given supremacy to the Anglo-Saxon peoples.

Perhaps one reason why this subject has not received the attention it deserves is its very extensiveness. It touches every rank and grade of society; it goes into the home and drags out the family skeleton. It involves more than a scientific or even an economic question; it brings in, wholesale, the problem of social morality and the controllability of sexual passion. It is excused on the ground of natural impulse or the violence of human affection. It is part of a condition to be recognized but not discussed; it is "taboo" in good society; only to be jested about



over the wine or hinted at, with bated breath, over the teacups. Venereal diseases are most insidious. They are born of the night and go through life hidden. The consumptive carries his brand on his forehead, and though still bound by ties of love and affection to those dear to him, he must be shunned like a leper and segregated as dangerous to the welfare of society. The sufferer from "private disease" is usually, to outward appearance, sound of body, though he may be physically and morally rotten. His appearance, therefore, does not create apprehension and society accepts him without question.

The nature and results of venereal afflictions should be made common knowledge. Ignorance is the nursery of vice and suffering, and there is no class of diseases whose awful consequences the public comprehends less than these.

The remedy lies in education in the broadest meaning of the word.  
—*From Journal of American Medical Association.*









# BULLETIN

## OF THE

# Missouri State Board of Health

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GUTHRIE McCONNELL, M. D., Bacteriologist, St. Louis

VOL. IV.

NOVEMBER, 1906.

No. 4.



Collecting Vital and Mortuary Statistics	-	2
Report of State Bacteriologist	-	3
Report by Counties:—		
Andrew, Barry, Bates	-	4
Cass, Clay	-	5
Daviess, Dent, Gasconade	-	6
Gentry, Grundy, Harrison	-	7
Hickory, Holt, Iron	-	8
Lafayette, Lewis	-	9
Lincoln, Maries	-	10
Marion, Mercer, Monroe, Osage	-	11
Pemiscot, Perry	-	12
Putnam, St. Louis	-	13
Saline, Shannon	-	14
Ste. Genvieve, Sullivan, Washington	-	15
Worth and City of St. Joseph	-	16



## **COLLECTING VITAL AND MORTUARY STATISTICS.**

In so far as I am able to ascertain, our State for the year 1906 has been especially blessed with good health as well as in material prosperity. To be sure there have been outbreaks of small pox, diphtheria, scarlet fever and other communicable diseases, but nearly all of them have been in light form and easily suppressed, with low mortality. The Health Officers throughout the State have been faithful and done much good work for the opportunity afforded them, and with a law clothing them with more power, giving some opportunity for a system of perfect co-operation between the local Boards and the State Board of Health, much more good could be accomplished. We have no law by which we can even develop a partial method of gathering vital and mortuary statistics, yet our law requires that the Secretary shall furnish such statistics in his annual report to the Governor. In response to inquiry, I have reports from a number of Health Officers throughout the State; each respondent has done exceedingly well, at least done his very best, in giving the desired information, but these reports will show how ineffectual their work is, as they have practically no way of gathering this information, and as I have to depend wholly upon information gathered from them, and methods the same as theirs, it can be readily seen that such a report is worth but very little; yet it is worth a great deal to me, to have even the responses that have been made by these local Health Officers. But it is impossible without some law and a system built upon it, to get a very beneficial report. There is not a State, except our own, but what has some legal authority to gather and compile these reports; some very poor, to be sure, but some have excellent laws. Indiana and Pennsylvania probably have the best. The system under the Indiana law is easily understood, very effectual and inexpensive in its operation. There will be some such law presented to the Legislature of Missouri this winter. I am sure the Health Officers throughout the State, who have labored so faithfully to make a showing, without any law or system under which they could work, will hail the enactment of such legislation with delight.



## REPORT OF STATE BACTERIOLOGIST.

In May, when the State Bacteriologist was appointed, it was decided that his duties should be as follows: That he should examine specimens of sputum for tubercle bacilli; make Widal tests of blood from cases of suspected typhoid fever and of cultures from the throats of suspected diphtheria cases.

It was thought that his duties should consist of making the above examinations on account of their bearing upon the general health.

Besides the above, he was to make bacteriological examinations of the drinking water of the various State Institutions.

Although there has been more or less use made of the above privileges, it does not seem to the State Bacteriologist that enough physicians have availed themselves of the opportunity. There is no cost to the physician and not much trouble, all that is needed is a bottle, some 5 per cent. carbolic acid to add to the sputum, and a mailing case in which to send it.

The examinations are made the day that the specimen is received and the report sent out immediately.

In regard to the examining of the drinking waters of the State Institutions there has been only a fair response. The idea is a comparatively new one and has not been taken up quite as well as was hoped. When it becomes a little more familiar, the response will probably be more ready.

Since June the following examinations have been made:

Bacteriological examinations of water. . . . .	24
Bacteriological examinations of sputum. . . . .	40
Blood from suspected typhoid cases. . . . .	8

—  
72

Of the forty examinations of sputum, sixteen were found to contain tubercle bacilli.

In return for the work done in the laboratory the Bacteriologist is anxious that the Physicians sending in specimens will fill out the blanks that are sent out with the reports and return them promptly. They are carefully filed away for future reference.

GUTHRIE McCONNELL,  
State Bacteriologist.

410 N. Jefferson Ave., St. Louis, Mo.



## ANDREW COUNTY.

Savannah, Mo., Nov. 9, 1906.

J. A. B. Adcock, M. D., Secy. State Board of Health, Warrensburg, Mo.

Dear Doctor.—At your request I beg leave to submit the following report as Health Officer for the County of Andrew:

No. of cases of small pox reported, 17; no fatalities.

No. of cases of scarlet fever reported, 9; one fatality.

No. of cases of Diphtheria reported, 4; no fatalities.

There has not been a case of typhoid fever reported to me this year, and the health of our people is good.

Yours truly,

W. M. KERR, M. D.  
Health Officer.

## BARRY COUNTY.

J. A. B. Adcock, M. D., Secy. State Board of Health, Warrensburg, Mo.

Dear Doctor.—Herewith I hand you report, as per request and as I now have it. Many of the physicians in the County entirely neglect reporting contagious and infectious diseases, consequently this report is correct as best I can give, except small pox, which is correct, I having cognizance of every case in the County. The general health of the County is and has been most excellent, thus far this year. We would be pleased to have your Bulletin, as we have not had any since those issued for former Board, so we have observed them as our guidance.

Scarlet fever, 6 cases.

Diphtheria, 7 cases; one death.

Small pox, 46 cases.

Yours truly,

J. S. PLUMMER, M. D.,  
Health Officer.

## BATES COUNTY.

Butler, Mo., Nov. 19, 1906.

J. A. B. Adcock, M. D., Secy. State Board of Health, Warrensburg, Mo.

Dear Doctor.—In reply to yours of Oct. 26th, I enclose report on contagious and infectious diseases in this County for 1906. This is only a partial report and is as near correct as I can get it, as several of the Doctors failed to make a report to me:

Diphtheria, 50 cases, 45 recovered; 5 died.

Scarlet fever, 16 cases; 16 recovered.

Typhoid fever, 58 cases; 55 recovered.



Measles, 11 cases; 11 recovered.  
Whooping cough, 113 cases; 113 recovered.  
Smallpox, 14 cases; 14 recovered.  
Tuberculosis, 40 cases; 2 recovered; 8 died; 30 still sick.

Yours truly,

T. C. BOULWARE, M. D.,  
Health Officer.

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CASS COUNTY.

Harrisonville, Mo., October 29, 1906.

J. A. B. Adcock, M. D., Secy. State Board of Health, Warrensburg, Mo.

Dear Doctor.—In the absence of a law requiring physicians to report cases of contagious and infectious diseases to the County Health Officer, our physicians have not made a report of such cases to me, hence I cannot make the report which you ask.

Will say, however, that to my knowledge there have been no cases of small pox in the County during the year. No epidemic of typhoid, but several sporadic cases have appeared. Very few cases of whooping cough, measles and scarlet fever. There are several cases of diphtheria over the County at present, rather more than the average number. No epidemic of other contagious or infectious diseases has appeared during the year.

Yours truly,

J. S. TRIPLETT, M. D.,  
Health Officer.

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CLAY COUNTY.

Liberty, Mo., Nov. 14, 1906.

J. A. B. Adcock, M. D., Secy. State Board of Health, Warrensburg, Mo.

Dear Doctor.—In regard to your letter of recent date will say that I was glad to hear from you. In regard to the health in this County, will say that it is good in most of the County, except here in Liberty. We have an epidemic of scarlet fever, the first for this year, and it seems to be spreading rapidly. As there is no City Board of Health, the Mayor looks after it, but makes a poor out, I think. I will say that we have had the following number of contagious diseases; while this is not correct, it is somewhere near it:

Scarlet fever, No. cases, 30; one death.

Diphtheria, No. cases 12; no deaths.

Smallpox, No. cases 120; no deaths.

Yours truly,

W. H. CUTHBERTSON, M. D.  
Health Officer.



## DAVIESS COUNTY.

Gallatin, Mo., Nov. 3, 1906.

J. A. B. Adcock, M. D., Secy. State Board of Health, Warrensburg, Mo.

Dear Doctor.—The present condition of the health of this County is good. Had no contagious or infectious diseases this year. Some typhoid now. Only one death from typhoid so far as I know.

Yours truly,

W. L. BROSIUS, M. D.,  
Health Officer.

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## DENT COUNTY.

Salem, Mo., Oct. 5, 1906.

J. A. B. Adcock, M. D., Secy. State Board of Health, Warrensburg, Mo.

Dear Doctor.—Allow me to submit the following health report of Dent County, Missouri: Health has been exceedingly good the past year. We have very little malaria and not much contagion or continued fevers.

Tuberculosis, 50 cases; 0 recovered; 10 died.

Scarlatina, 20 cases; 16 recovered; 4 died.

Small pox, 10 cases; 10 recovered.

Typhoid fever, 25 cases; 18 recovered; 7 died.

Yours truly,

E. A. DUNCAN, M. D.,  
Health Officer.

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## GASCONADE COUNTY.

Bland, Mo.

J. A. B. Adcock, M. D., Secy. State Board of Health, Warrensburg, Mo.

Dear Doctor.—I have the honor to report to you that the general health of Gasconade County is all that could be expected. The County is free, as far as I know, from small pox, measles, scarlet fever. We have had some whooping cough and mumps in the County last summer, but I don't know of any now. There were no fatalities from these diseases. We have had about 100 cases of typhoid fever in the County; about 40 of them are yet on hand. The disease is yet of a mild form. We have had two cases of peritoneal tuberculosis in children. The source of infection was traced to a tuberculous cow. The tubercle bacillus was found in the cow's milk. (Is there no way by which these animals can be killed, and paid for out of the State's funds?) About six cases of typhoid fever here in Bland, Mo., were traced to one well. There is no diphtheria or spasmodic or membranous croup in the County, and as a whole the health of the County is very satisfactory.

Yours truly,

JOHN D. SEBA,  
Health Officer.



GENTRY COUNTY.

Darlington, Mo., Oct. 30, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—Your letter of the 26th at hand and contents noted. Will report the health of the County to the best of my ability. The health in our County has been exceedingly good, with the exception of a few cases of malaria and a few scattering cases of typhoid fever. I have quarantined the following contagious diseases:

24 cases of scarlet fever, with one death.

There are only a few cases of measles in the County.

11 cases of small pox; no deaths.

Six cases of diphtheria, with one death.

We have at present an epidemic of scarlatina in the Southern part of the County; all mild cases. At present the health of the County is good.

Yours truly,

J. N. BARGER, M. D.,  
Health Officer.

GRUNDY COUNTY.

Trenton, Mo., Nov. 14, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—In reply to your request, I beg leave to report five cases of small pox with no deaths, and none of these that developed small pox had been vaccinated.

We have had fifteen cases of diphtheria, with three deaths.

We have had ten cases of typhoid fever and no deaths.

We have had no cases of scarlet fever reported.

There have been five cases of measles reported in the last year, and no deaths.

Our County has enjoyed extremely good health, considering the continued drouth of the season. There is no prevailing disease in the County.

Yours truly,

S. SHELDEN, M. D.,  
Health Officer.

HARRISON COUNTY.

Bethany, Mo., Nov. 3, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—The health of this County has been good for the past year, and is very good at the present time.

There are some cases of measles in the Northeast part of the County; I do not know how many cases, nor do I know as to the fatality. There



was one family in which scarlet fever made its appearance in Bethany ; all the cases recovered. No other contagious diseases at this time, and there has been but few during the past year, or, at least, none reported to me.

Yours truly,

A. H. VANDIVERT,  
Health Officer.

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HICKORY COUNTY.

Hermitage, Mo., Nov. 17, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—In reply to yours of Oct. 26th, will say that I am sorry that I cannot give you a correct report of the health of our County. We have no Medical Society. The physicians make no reports, no records of births or deaths. However, on April 24th, 1906, Dr. Steward, of Elkton, informed me that there was a case of small pox at his place, which I found to be correct ; subject was a genteel looking tramp. We kept him isolated for sixteen days, burned his clothes, scrubbed him well and sent him on. In October we had about 20 cases of scarlatina simplex. No mortality. Health fairly good.

Yours truly,

H. C. BROOKSHIRE, M. D.,  
Health Officer.

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HOLT COUNTY.

Oregon, Mo., Oct. 29, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—Condition of the health in the last year has been very good. At present a good many old people are complaining, and several have died.

Diphtheria, possibly fifteen cases and three deaths.

No typhoid scarcely ; possibly two cases ; last winter five to 8 cases.

Pneumonia, eight or ten cases, all recovered.

Small pox, five cases and all recovered.

Yours truly,

W. C. PROUD, M. D.,  
Health Officer.

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IRON COUNTY.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor. —The health of Iron County during the last twelve



months has been generally good. There have been a few cases of typhoid fever. There were two cases of scarlet fever. One case of diphtheria. Some malaria, on creeks, chiefly. The "Cuban Itch" prevailed in some places. The usual disinfectants were used, and precautions taken to prevent spread. No deaths from contagious diseases. I believe I reported last year my new treatment of small pox. I apply strong antiseptic (Camphophrenique) to the blister, destroy the germ, change it to a normal sore, prevent blood poisoning and secondary fever and marks. Cases thus treated run a mild course.

G. W. FARRAR, M. D.  
Health Officer.

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LAFAYETTE COUNTY.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—Your letter of October 26th requesting a report on contagious and infectious diseases in the County last year was received in due time, and there being no record kept in the County, I addressed a personal letter to every Physician in the County, except three or four whom I saw personally, requesting a report of the cases coming under their care, and the result of my work has been to receive replies from about six or seven Physicians, the rest ignoring my request. It seems to me there should be a law, if there is not one already, requiring physicians to file with the County Clerk, once a year, at least, a report such as you requested me to make.

I give you the results of my inquiry, which I know is very incomplete, especially as to tuberculosis and typhoid fever:

Tuberculosis, 7 cases; mortality 7.

Typhoid fever, 5 cases; mortality none.

Diphtheria, 18 cases; mortality 2.

Measles, 2 cases; mortality none.

Scarlatina, 24 cases; mortality 1.

Small pox, 6 cases; mortality none.

All physicians reporting say that the general health has been unusually good this year, one physician estimating it from ten to twenty per cent. better than average general health.

Yours truly,

F. W. MANN, M. D.,  
Health Officer.

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LEWIS COUNTY.

LaBelle, Mo., Nov. 8, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—Replying to your letter of the 26th ult., beg leave to



say that I can only furnish you a partial report, as the Doctors have not been reporting all contagious diseases:

Scarlet fever, 3 cases; 3 recovered.

Small pox, none.

Diphtheria, no reports.

Yours truly,

R. E. WILSON, M. D.,  
Health Officer.

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LINCOLN COUNTY.

Winfield, Mo., Oct. 31, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—Your call to hand. 1st. Our County was never in better condition; very little sickness. 2nd. During the past winter we had very little pneumonia; few deaths. During past 70 days the County has had 15 cases of typhoid, with two deaths. 3rd. We have had no contagious or infectious diseases. Our Medical Society seems to be on good footing.

Yours truly,

D. E. HEWITT, M. D.,  
Health Officer.

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MARIES COUNTY.

Vienna, Mo., Oct. 29, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—Your letter received, and will say that health around and near Vienna has been very good for the past summer and fall, except for 6 or 8 cases of malignant flux, with typhoid symptoms. I treated all except three cases and have so far lost none. The first four cases were near Freeburg, Mo., eight miles North of Vienna; the next three cases were West of Brinktown one and a half miles, about thirteen miles from Vienna; next case seven miles southwest of Vienna. Good recovery, 7; deaths, 1. No bad cases of fever or cholera infantum and summer complaints, measles, mumps or small pox in the County. In other words, it has been distressingly healthful in my territory all summer. Few malarial chills along the Gasconade river, lagrippe and colds at present from the strong winds.

Yours truly,

H. J. VON GROMP, M. D.,  
Health Officer.



MARION COUNTY.

Palmyra, Mo., Nov. 10, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—Yours of recent date to hand, and in reply will say that the health for this County for the past year has been above the normal and there have been no epidemics of fevers or contagious diseases and no deaths from the same have been reported to me.

Yours truly,

T. A. ROSELLE, M. D.,  
Health Officer.

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MERCER COUNTY.

Princeton, Mo., Nov. 6, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—Replying to yours of Oct. 26th, concerning the condition of the health of our County, past and present, for this year, will say that it has been exceptionally good. But few cases of contagious or infectious diseases have occurred, with a very low mortality.

Yours truly,

G. M. BRISTOW, M. D.,  
Health Officer.

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MONROE COUNTY.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—The health of Monroe County has been good all through the year. It is impossible for me to give you the number of contagious and infectious diseases, as there has been no record of same.

Yours truly,

F. M. MOSS, M. D.,  
Health Officer.

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OSAGE COUNTY.

Chamois, Mo., Nov. 18, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—You ask for a report on the condition of the health in Osage County during the past year. I can only give you this in a general way, as we have no definite statistics.

The health has been better the past year than for many years. We have had no small pox, no scarlet fever. We have had a few doubtful



cases of diphtheria, not epidemic. Also very little whooping cough, measles, chicken pox and typhoid fever. Am not in a position to give the mortality, but know that the per cent. has been low.

Yours truly,

A. H. RICKOFF, M. D.,  
Health Officer.

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PEMISCOT COUNTY.

Caruthersville, Mo., Oct. 30, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—Yours of 26th asking for detailed report is at hand. Having no data from which to make a detailed report, I am compelled to estimate the number of cases of contagious disease.

For the past year health in this, Pemiscot County, has been unusually good; especially is this true of malarial, remittent and intermittent fevers, which seem to be markedly on the decrease; a fact which is due to the draining and ditching which is converting our swamp lands into alfalfa, corn and cotton fields. Whooping cough has been prevalent in many communities in the County, with practically no fatalities except in a few cases complicated with other diseases. There is at present, and has been for months, a mild form of scarlatina in and around Caruthersville, the County seat. It is practically epidemic, having become so by reason of physicians and others failing to recognize it and take the proper precautions to prevent its spread. It has happened with it precisely as it happened with the mild form of variola that became so widely epidemic a few years ago. So far I have heard of no deaths from this disease, though numerous cases have developed many of the various sequelaë.

There have been several deaths from tuberculosis in the County during the year, but the present lack of system of reporting renders it impossible to make an intelligent estimate, even.

Scarlatina, perhaps 100 cases, mild to ordinary.

Whooping Cough, perhaps 300 cases.

Rubeola, none that I know of.

Variola, none.

Yours truly,

H. F. BYARS, M. D.,  
Health Officer.

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PERRY COUNTY.

Perryville, Mo., Nov. 9, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—In reply to yours of Oct. 26th, I have the pleasure of reporting as follows:



No small pox the last year.

15 cases scarlet fever; no deaths.

30 cases typhoid fever; 3 deaths.

The general health of the County at this writing is good.

Yours truly,

J. P. CLARK, M. D.,  
Health Officer.

PUTNAM COUNTY.

Unionville, Mo., Nov. 12, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—I have no record of contagious and infectious diseases in our County the past year. There was an epidemic of scarlet fever in the West half of the County during the winter and spring; there were two or three deaths. We were unable to do anything, as the people fought our suggestions and the physicians did not try very hard to follow out sanitary measures. The County Court did not feel inclined to go to any expense, so I dropped the matter. I have had only one case of diphtheria and it died an hour or two after I was called; it was contracted in Harrison County. There have been a few scattering cases of typhoid, with two deaths. The health of the County is as good as ever I knew it.

Yours truly,

A. C. BERRY, M. D.,  
Health Officer.

ST. LOUIS COUNTY.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—In reply to yours of the 26th ult., will say, that the health of our County during the past year has been fairly good, and is so at the present time.

The number of contagious and infectious diseases reported during the past year were 42, as follows:

Diphtheria, 25; mortality 12 per cent.

Scarlet fever, 15; mortality 15 per cent.

Typhoid fever, 1.

Tuberculosis, 1.

This represents about one-fifteenth of all the cases in this County during the past year. Owing to the fact that there is no law compelling physicians to report all cases of contagious and infectious diseases, only a few are reported. I am powerless to do anything in order to improve existing conditions in this County under existing laws.

Early in the spring you stated that a meeting of the County Boards of Health would be called some time during the summer. Has this meeting been called? If so, I was not notified. It was my intention to bring



up this matter above spoken of, at that meeting and thereby perhaps we might find some plan by which we could compel physicians in this County to report all cases of contagious diseases, and in that way the health of the County could be very much improved.

Yours truly,

G. C. EGGERS,  
Health Officer.

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SALINE COUNTY.

Marshall, Mo., Nov. 19, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—In reply to your request, I wish to make, as best I can, a report of contagious and infectious diseases since January 1, 1906. This is only a partial list, as I have been unable to get the physicians as a whole to report, and as that is the only way I have of making a report, I will ask you to accept a partial list:

Pneumonia, No. cases, 13; deaths 1.  
Typhoid Fever, No. cases 21; deaths none.  
Pertussis, No. cases 34; deaths none.  
Diphtheria, No. cases 10; deaths 2.  
Scarlet fever, No. cases 12; deaths none.  
Small pox, No. cases 40; deaths none.  
Scabies, No. cases 20; deaths none.  
Tuberculosis, No. cases 7; deaths 4.  
Measles, No. cases 6; deaths none.  
Puerperal Sepsis, No. cases 3; deaths 1.  
Erysipelas, No. cases 10; deaths 1.  
Syphilis, No. cases 5; deaths none.  
Gonorrhoea, No. cases 10; deaths none.  
Mumps, No. cases 7; deaths none.

Yours truly,

G. S. HARDIN, M. D.,  
Health Officer.

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SHANNON COUNTY.

Eminence, Mo., Nov. 11, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—The general health of this locality has been exceptionally good. No diphtheria, scarlatina, measles or small pox; twenty-five cases of typhoid fever, with two deaths.

Yours truly,

FRANK HYDE, M. D.,  
Health Officer.



STE. GENEVIEVE COUNTY.

Ste. Genevieve, Mo.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—The following is a report of all the known cases of diseases named below in the County of Ste. Genevieve during the year 1906:

Diphtheria or membranous croup, 7 cases; 6 recovered; 1 death.

Scarlet fever, none.

Typhoid fever, 11 cases; 11 recovered; no deaths.

Measles, none.

Whooping cough, 71 cases; 71 recovered; no deaths.

Cerebro-Spinal Meningitis, none.

Small pox, none.

Tuberculosis, 1 case; 0 recovered; 0 deaths.

Bright's Disease, two deaths.

Yours truly,

F. E. HINCH, M. D.,  
Health Officer.

SULLIVAN COUNTY.

Milan, Mo., Nov| 12, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—Replying to your letter of inquiry, will say that there are no records kept by this County to show number of cases of contagious and infectious diseases, but we have been almost free from them. During the month of Oct. there were a number of cases of diphtheria in Newton and there were 3 or 4 deaths. During the past two months there have been, perhaps, 30 cases of typhoid fever in and around Milan. There are several cases at this time, but the number is decreasing. Only one fatality. With the exception of these two diseases, this County has no contagious or infectious diseases and both epidemics are decreasing.

Yours truly,

H. B. HARDMAN,  
Health Officer.

WASHINGTON COUNTY.

Potosi, Mo., Nov. 7, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—In reply to your letter of Oct. 26th, I beg to say, the health of this, Washington County, at present, and during the past year, has been excellent. Beginning in February, and until two months ago, a mild form of scarlet fever was prevalent. No deaths so far as I can learn.



Whooping cough is, and has been prevalent during summer and fall. A few scattering cases of typhoid fever, but no deaths reported.

The law in relation to the registration of vital and mortuary statistics is not observed, therefore I must get my information by observation and energy.

Yours truly,

JAXES H. HALE, M. D.,  
Health Officer.

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WORTH COUNTY.

Grant City, Mo., Nov. 8, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo

Dear Doctor.—Yours of the 26th ult., received and contents noted. The condition of health in Worth County at present is good, and has been generally good the past year. The number of contagious and infection diseases during the last year are as follows:

Small pox, 7 cases; all recovered.

Scarlet fever, 23 cases, two deaths.

Typhoid fever, 4 cases; one death.

Consumption, 15 cases; six deaths.

Yours truly,

T. J. SMITH, M. D.,  
Health Officer.

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CITY OF ST. JOSEPH.

St. Joseph, Mo., Nov. 7, 1906.

J. A. B. Adcock, M. D., Secretary State Board of Health, Warrensburg, Mo.

Dear Doctor.—The condition of the health of our City is very good at present, the only contagion being a few scattered cases of measles.

From Jan. 1st, 1906, to the present date, we have had 150 cases of small pox, with two deaths; 30 cases of diphtheria; 20 cases of scarlet fever with no deaths.

At present the City is free from any smallpox, scarlet fever or diphtheria.

Yours truly,

WILL H. HARTIGAN,  
Clerk Health Department.



# **BULLETIN**

## **OF THE**

# **Missouri State Board of Health**

*Published Quarterly at the Office of the Secretary of the Board, Warrensburg, Missouri.*

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J. T. THATCHER, M. D., V-PRES., -	Oregon, Mo.	R. H. GOODIER, M. D., -	Hannibal, Mo.
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PAUL Y. TUPPER, M. D., St. Louis, Mo.			

**VOL. IV.**

**JUNE.**

**No. 12.**

### **HEALTH OF THE STATE AND COUNTRY.**

At present there are not very many complaints of contagious and infectious diseases in the State of Missouri. There is, however, some Scarlatina in Potosi, and some small-pox cases in De Soto, Missouri; with possibly two fatalities from small-pox out of some five or six cases reported at that place. The disease is reported well under quarantine regulations and I feel sure that there will be no spread of it from that place.

On May 1st and 2nd at our meeting in Kansas City, Missouri, a State Bacteriologist was elected for the remainder of the year, Dr. Guthrie McConnell of 410 N. Jefferson Ave., St. Louis, Mo., who will examine free of charge for physicians throughout the State who will send the specimens to him of tubercular sputum and diphtheria exudates. You will find directions in this number of the Bulletin of the manner in which these specimens should be collected and sent to him. The doctor wanting a correct analysis of these specimens should be careful to follow these directions accurately and he can rest assured that he will have a correct analysis of the specimen furnished.

Our Bacteriologist will also examine free of charge the drinking water supplied from the various State Institutions, of which there are some sixteen at present. A sample of this water will be analysed once a month during the months of May, June, July, August, September and October. There will be vessels sent to each institution and directions for collecting the specimens of the water, which will be sent to the Bac-



teriologist in St. Louis, where the analysis will be made and furnished each institution free of charge. All the expense attached to it will be the express on the container both ways.

The Board at this meeting also passed upon the applicants for license to practice medicine and surgery who took the examinations in St. Louis and Kansas City. The results were as follows: Out of 280 applicants, 185 passed and 95 failed. We hope to see the time when there will be no failures in these examinations.



The State Board of Health will meet at Southern Hotel in St. Louis, Missouri, on July 10th, at 9 o'clock a. m., in Gent's Parlor. This is the semi-annual meeting of the Board, in which routine business will be transacted with one or two trials possibly.



The next examination of applicants for license to practice medicine and surgery will be held in Barnes Medical College in St. Louis, Missouri, on August 8-9-10th, beginning at 9 a. m. Those wishing to practice mid-wifery must appear on the morning of the 10th.



There are still a few of the Rosters of Licensed Physicians of Missouri left in this office. Those wishing same can procure one by sending five cents to cover postage.



### **THE MURDEROUS SPITTER.**

When the New York Board of Health prosecutes a spitter, you never see a word about it in the newspapers to lead any one to suppose that the fine was imposed for anything else than a mere exercise of despotic authority, and an attempt to force gentlemanly behavior upon the uncouth. It is a murderous practice to spit where others may bring the infection into a house on shoes or on skirts; where it may dry and become a powder to be sent into the air to be breathed into the lungs. Fortunately most of us are able to resist and overcome a pretty strong implantation of these germs, but the strongest man will succumb to a big enough implantation, and what is ejected from the respiratory passages of a well man may be just the required amount to turn the scale, to mean death instead of recovery.

Cholera and typhoid fever have taught us some needed lessons in tidiness; consumption should teach us one more. In every public place of assembly, churches, theaters, street cars, elevated and underground stations, there ought to be cuspidors. It isn't the least bit of good to threaten people for doing what they must do, unless some convenience is offered to behave tidily. So long, however, as we give the street car companies the right to use our public streets to make money for themselves, so long as we humbly put up with whatever service they find they



can render us without putting themselves out a particle, I suppose it is useless to expect those corporations to furnish spittoons, though we should die in windrows.—*Eugene Wood, in Everybody's.*



## INTERSTATE RECIPROCITY AND MEDICAL COLLEGES.

(An address delivered by M. M. Hamlin, M. D., before the Association of American Medical Colleges, at Pittsburg, Pa., March 19th, 1906.)

*Mr. President and Gentlemen of the Association:*

I esteem it not only a great pleasure but an honor as well to meet with you and to greet you in the name of the Missouri State Board of Health. I regret, however, the absence of Dr. Johnson of Kansas who was to have preceded me on the program. I am at a loss to know why my friends on the Missouri Board saw fit to thus honor me unless it was for the same reason given by my uncle for his election to the Arkansas State Senate. Some one said to him: "Mr. King how did it happen that the people of your district sent as ugly a man as you to represent them? Is everybody in your district as ugly as you are?" "No, sir," said he, "there's some mighty pretty people down there, but I was the only one that knowed the way to the Rock."

Mr. President, I have enjoyed listening to, and have been greatly edified by the many splendid addresses that have been delivered here to-day. It is certainly uplifting and helpful, it broadens our views and gives us higher ideas to mingle with and listen to the exchange of ideas by the ablest men and leaders of our noble profession.

I desire to say just here that the idea of higher medical standards so ably advocated on this floor to-day is fully concurred in by the Missouri State Board.

Reciprocity is the application of the teachings of the Golden Rule. "Do unto others as you would have them do unto you." This, as applied to individuals, embodies the entire code of ethics. Interstate Reciprocity is the embodiment of the same doctrine but before this simple rule of action can obtain conditions must be similar. For instance in the vast majority of the states there is a statutory requirement that an applicant for registration must be a graduate and he must present as evidence of graduation a diploma from a recognized college before he is permitted to take the examination. In Missouri our law reads: "All persons desiring to practice medicine or surgery in this state, \* \* \* \* \* shall appear before the State Board of Health at such time and place as the Board may direct, and shall there be examined as to their fitness to engage in such practice. \* \* \* They shall furnish satisfactory evidence of their preliminary qualifications, and shall also furnish evidence of good moral character." Thus it will be seen that in Missouri anyone may take the examination without the formality of the presentation of a diploma, while in our sister states a diploma from a medical



college that is recognized by the Board to which application is made is a primary and positive requirement. Hence Missouri, by reason of her requirements not being similar to the requirements made by Illinois, Wisconsin, Kentucky, Iowa, etc., is not in a position to ask reciprocity of these other states.

While reciprocity between the states is a thing we earnestly desire to attain, and while our colleges, our societies or associations, State and National, may, and I have no doubt will, talk about, work for and resolute in favor of, it is all of no avail.

Plainly it is our privilege to agitate, to educate, if you please, our people up to the point of acting; after all we must not lose sight of the fact that the *power to act* lies with the Boards of Registration or Licensing Boards. If these Boards are favorable to reciprocal relations between the States our task is an easy one; if, perchance, these Boards are opposed to or even lukewarm on the subject our work then assumes quite a different character. Parenthetically I may here be permitted to remark that not *all* the members of *all* the Boards are appointed because of eminent fitness from a professional standpoint, but nevertheless they have the power to act in the premises and to say to us, "What are you going to do about it?"

In this extremity we are called upon to revise our resolutions and if possible extricate ourselves from this embarrassing position. What shall we do?

Our remedy is in state legislation, and to that only can we look for relief from our present predicament. I suggest, sir, that this association appoint a competent and judicious committee whose duty it shall be to formulate a law that shall be universal in all points of requirement, and with a reciprocal clause attached thereto, and that a copy of same be furnished the state associations of all the different schools of practice in all the states, with the request that they all work in harmony for and secure the enactment by the Legislature of the same in each and every state. Then, and not till then, can we have Interstate Reciprocity.

But, Mr. President, it was not my purpose, nor do I intend to attempt an elaborate discussion of the subject of reciprocity in general, fully expecting my colleague, Dr. Johnson, of Kansas, to cover this phase of the subject, but I desired more especially to plead for a provision in our laws to cover the case of the "old fellows," like myself, and yourself, who, complying fully with the laws then in force commenced the practice years ago when only two years were required for graduation. A case in point. A Dr. H. graduated in New York in 1874 on two years attendance, removed to Michigan; registered there under the then existing laws; had a large practice for nearly forty years. Now he applies to another state for registration under the reciprocity clause; he is refused registration because he had only two years to his credit before graduation.

I desire to commend the arguments of Dr. Harrison, of Michigan, in discussing this particular case, that such a ruling by a Board would shut out of the state such men as Nicholas Senn, J. B. Murphy and nearly all of the most prominent men in the profession to-day.



The recent graduate with his four years diploma, but without experience is granted reciprocal registration, while the old veterans who have borne the burden and the heat of the day for many long years is denied the like privilege.

Reciprocity that reciprocates is desirable, but reciprocity for the old practitioner is his only salvation.



## **WILL MAKE BACTERIOLOGICAL EXAMINATIONS.**

The State Board of Health having recently elected a Bacteriologist to fill the vacancy created by the resignation of the previous holder is anxious to have the physicians of the State make as much use as possible of the laboratory facilities that are now offered. The Board is now in a position to have certain work done free of charge, other than the expense of postage or express.

The Bacteriologist is ready at all times to make examinations for tubercle bacilli in sputum of cultures from cases of diphtheria and of blood from cases of suspected typhoid fever. That this work shall be carried out in a manner satisfactory to all, certain precautions must be taken, both in the obtaining and in the sending of the material. Unless these conditions are fulfilled the results will not be of the greatest value.

To assist in the obtaining of data that will eventually prove of great value to the State as a whole and to the physicians as a class, certain questions will be asked concerning the case from which the specimen is procured. To attain this end the State Board has had leaflets printed dealing with the three diseases above mentioned. When an examination is reported one of these blanks will be sent to the physician with a request that he fill it out and return it to the laboratory. It is at this point where the earnest co-operation of the physician is desired. If in return for the examination he will promptly supply the desired information the State will soon have some valuable records.

Copies of the blanks are printed below:

### **TUBERCULOSIS.**

Name of patient.....  
Address.....  
Age... Sex..... Color..... Nativity..... Occupation.....  
Duration of disease.....  
Clinical diagnosis.....  
Have there been cases of Consumption in the family.....  
Relation to patient.....  
Date of last case.....  
Attending physician.....Address.....



**DIPHTHERIA.**

Name of patient.....  
 Address.....  
 Age... Sex..... Color..... Nativity..... Occupation.....  
 Duration of disease.....  
 Location of membrane.....  
 Clinical diagnosis.....  
 Attending physician..... Address.....

**TYPHOID FEVER.**

Name of patient.....  
 Address.....  
 Age... Sex..... Color..... Nativity..... Occupation.....  
 Duration of disease.....  
 Clinical diagnosis.....  
 Has patient previously had typhoid fever.....  
 If so, how long ago.....  
 Has patient been away from home during the month previous to the  
 present illness.....  
 If so, where.....  
 Attending physician..... Address.....

The following precautions should be observed in obtaining specimens:

**TUBERCULAR SPUTUM.**—The patient should be instructed to thoroughly rinse out his mouth when he gets up in the morning and the sputum that he then coughs up should be obtained. This should be expectorated directly into a perfectly clean wide-mouth bottle, which should be tightly corked and placed in a strong mailing case. To avoid all danger of infection it would be well when possible to add about a tablespoonful of a weak (5 per cent) carbolic acid solution. This will destroy the life of the germs, but will not interfere with the examination.

**DIPHTHERIA CULTURES.**—For the purpose of making these examinations it is necessary to have two sterile glass culture tubes, one containing a small amount of coagulated blood serum, the other a sterile cotton swab. As yet the State Board is not in a position to supply these outfits but it hopes that in time it may be able to have them distributed in many localities to be ready for the physician when required. At present they can be procured from the large wholesale drug houses. When a suspected case is seen, the cotton swab is rubbed over the involved tissue and is then smeared over the surface of the blood serum. The swab should then be put back into its tube, both tubes carefully closed with their cotton plugs and placed in a wooden mailing case. As time is a matter of greatest importance, such specimens should be sent by special delivery postage, so as to insure their arrival at the laboratory as soon as possible. Answers could be given by telegraph at the expense of the sender.

**TYPHOID FEVER.**—It must be remembered that in the examination of the blood in the Widal test that a negative reaction does not necessar-



ilily indicate the absence of typhoid fever. It may be some time in the course of the disease before such a positive reaction appears. It can usually be obtained by the seventh day, but it may be much delayed. On the other hand, the reaction may persist for months after the patient has recovered from a previous attack of typhoid. It is for these reasons that the Widal examination may be unsatisfactory when done in a laboratory away from the patient and the attending physician.

The blood is obtained either from the lobe of the ear or from the tip of a finger, the skin having been first cleansed with alcohol and water and dried. An ordinary round needle is not very satisfactory, a sharp-edged one being best. In place of neither a very useful implement is made by breaking off one of the nibs of a new pen. The part should be pricked deeply enough to cause several drops of blood to flow. Two full drops should be allowed to fall, in separate places, upon thin, clean, white blotting or unsized paper. When dry this can be placed in an envelope and sent to the laboratory. Care must be employed that only one drop of blood is represented by any one spot. It is necessary that an accurate amount be obtained so that the Bacteriologist will be able to perform the test properly.

In addition to the above examinations for physicians in general it has been decided that routine bacteriological examinations of the water supply of certain of the State Institutions be made each month during the greater part of the year. In this way it is hoped that a surveillance of the water can be kept so that if any contamination appears it will be recognized. After a sufficient number of examinations has been made an average estimation of the number of organisms present in that supply can be determined. Any marked deviation from this will be noted and attention called to it.

For the purpose of uniformity and convenience the State Board of Health has had special containers made for the conveying of specimens of water for examinations.

In obtaining samples the following precautions should be observed:

**WATER SPECIMENS.**—One or more bottles holding a quart of water should be prepared as follows: Boil for about twenty minutes, empty, and then fill with the water for examination. To obtain a proper sample of this allow the water to run for a couple of minutes so as to clean out the pipe, then run directly into the bottle till it is filled to within an inch of the top. Then tightly close with a cork that has also been boiled for about twenty minutes.

Place the bottle inside the frame in the box and fill about it with coarsely cracked ice, which should come a little higher than the shoulder of the bottle. It must at no time come in contact with the cork. The purpose of the ice is to prevent the multiplication of any organisms that might be present. In summer particularly this might lead to very erroneous results if omitted.

The box should be tagged with the name of the institution and its address.



The source of the water should be mentioned and any remarks made that may be of importance in such a respect.

As the amount of money obtained for the laboratory not only has not been but is yet too small for the carrying on of special work, it should be considered a duty of the physicians throughout the State to further its interests whenever possible. If it can be shown the State authorities that much work is being done with limited means, more money may be gotten, and in that way the importance of the State Board of Health and its dependent branches can be greatly increased. Every bit of work done will lead to a further recognition of the value of laboratory facilities to the state at large. This position in the community cannot however be obtained without the assistance of all the physicians. If they will show their interest by making use of the facilities offered it will be comparatively easy to obtain more money for the purpose of furthering special investigations.

The State of Missouri not only is in close proximity to those states in which yellow fever is almost endemic, but it is also the habitat of the *Stegomyia*. Under certain conditions an infection of yellow fever might prove a distinct calamity. One such scare would cause the expenditure of a sum of money sufficient to pay the expenses of the Board of Health for many years. In the present day the energies of those who deal with the health of a community are being directed in the line of preventive medicine. It is in that direction that the value of a thorough State organization lies.

The fighting of mosquitos is also of great importance in regard to malaria. In a recent article by Col. Gorgas concerning malaria in the Tropics he states: "This experience has impressed on me the fact that malaria in the Tropics is by far the most important disease to which tropical populations are subject." This is said concerning countries in which yellow fever is generally thought to be the scourge.

Although malaria is not quite so omnipresent here, it is nevertheless so prevalent as to either partially or completely disable many of the community. The value of the loss of these patients' labors, not to mention the cost of their maintenance when sick, is of great economic importance. It is being widely recognized that it is cheaper for a state to spend money to keep its population healthy rather than to care for them when sick and disabled.

The dissemination of this principle rests largely upon the physicians and their aid is therefore asked in spreading it broadcast.

GUTHRIE McCONNELL,

State Bacteriologist.



## THE VAGARIES OF A SCIENTIST.

The name of Professor Behring, of Germany, rests upon a secure foundation of good work done in the cause of practical science, but some of his latter day utterances relative to tuberculosis suggest the question whether he is now as careful in his statements as he was when building his reputation. One of his pronunciamientos is that he has found a cure for tuberculosis in the human family. It had not, it is true, been tried, as yet, as a curative agent for the disease in man. Definite information regarding the nature of the remedy is withheld for the present. Some of the press reports suggested a mercenary motive. Banish that thought. Yet it reminds us that, after we were very well supplied with diphtheria antitoxin by skilled American producers, Professor Behring actually succeeded, before we knew it, in getting a U. S. patent for the process, though credit for the investigations leading to the discovery and the perfection of the process belonged to him only in part. With the doctors it was then a question of paying royalties to foreign producers or paying the penalty of infringement. The American producers here came forward with an offer to protect from all costs any physician wishing to continue the use of our home product. Nothing has been heard of any attempt on the part of Behring to enforce his rights as a diphtheria antitoxin monopolist in this country.

In the current medical literature there has been no indication of a belief that a trustworthy cure for tuberculosis is coming from the hands of Professor Behring.

Another opinion recently uttered by the same man is that cow's milk fed to children is the principal source of tuberculosis in human beings, not only of tuberculosis in childhood, but of the disease later in life. This opinion appears to be on a par with that put forth years ago by Hutchinson, of London, that leprosy results from eating fish; and there is a likelihood that both are doomed to the limbo of over-positive opinions unsupported by facts.

Since Professor Behring expressed this opinion, two of the workers in the Hygienic Institute of Breslau have approached the question from two different points of the compass. One of them, Dr. Speck, gathered the previous histories of a large number of persons suffering with tuberculosis—persons the most of whom were under treatment in the German sanitariums. Adding to his own the early feeding histories collected by three other investigators of 3,284 other persons infected with tuberculosis, he had a total of 8,010 persons, as of whom there was definite information with reference to their food supply in infancy. Of the total 73 per cent had been nourished at the breast, and 27 per cent had received cows' milk wholly or in part.

The other Institute man, Dr. Heymann, sought information about the prevalence of tuberculosis in countries where cow's milk is used but little or practically not at all as food.

In Japan the death rate from consumption is nearly on a par with that in England and various other European countries in which milk is a much used food in infant feeding.

In Turkey, both in the cities and the country, cow's milk is almost



unknown in infant feeding and milk and its products are little used later in life. Nevertheless, trustworthy medical observers there say that tuberculosis is very prevalent, due largely to the fatalistic views of life and the uncleanly habits of the people which favor the spread of infection.

In Greenland the natives have no milk and the Danish colonists have only condensed milk. Yet tuberculosis has a "colossal" distribution among the Esquimos. They seem to regard a hemorrhage from the lungs as a matter of course, and with as little concern as a European would a slight bronchitis or a hoarseness. Nansen's description of their habits makes clear the explanation of the spread of tuberculous infection among them. Their huts, hardly high enough for the people to stand erect, are built of turf and stones. In many several families are crowded within. Ventilation is wanting. All sorts of filth are heaped upon the earthen floor.

Statistics from various other countries are given which it seems it would have been well for Behring to have considered before announcing so positively that the use of cow's milk is the chief cause of human tuberculosis.



## **RULES OF THE INDIANA STATE BOARD OF HEALTH.**

**Governing the Sanitation of Steam Railway Coaches, Dining Cars,  
Sleeping Cars, Suburban Electric Cars and City Street Cars.**

(Passed July 7, 1905.)

Rule 1. STEAM RAILWAY COACHES.—Day coaches shall be thoroughly cleaned at the end of each trip, and in no instance shall a day coach go uncleaned longer than two days. The thorough cleaning of days coaches shall consist as follows: (a) Windows and doors shall first be opened and the aisle strip, if there be any, removed from the car; (b) all upholstery dusted and brushed; (c) floor mopped or swept after it has been sprinkled with water, to which may be added an approved disinfectant; (d) after cleaning, as in (c), the floor should be scrubbed with soap and water, to which soda ash or like cleansing agent may be added, and, after scrubbing, the floor should be mopped with a solution of formaldehyde of 1 or 2 per cent strength or with a solution of other approved disinfectant; (e) all arms of seats, panels between windows, window ledges, windows, doors and door-knobs shall be washed with soap and water, to which a cleansing agent may be added, and, after washing, should be wiped off with an efficient disinfecting solution; (f) closet floors and walls shall be cleaned by sweeping and washing and wiping with a disinfecting solution, and urinals and hoppers thoroughly cleaned and disinfected; (g) water coolers shall be frequently



emptied, rinsed and scalded, and shall be filled with potable drinking water when in service (h) and lastly, day coaches shall be disinfected with formaldehyde gas in quantities of not less than 40 fluid ounces of 40 per cent formaldehyde to each coach at the period of general cleaning and renovation, said period not to exceed 90 days, and also whenever a case of any listed disease is known to have been carried.

Plush seats and backs shall be removed when possible, and dusted by air blast.

Rule 2. Placards shall be displayed in all railway waiting rooms in Indiana, having plainly displayed thereon, the following notice:

**SPITTING ON THE FLOOR IS FORBIDDEN.**

Consumption, lagrippe, coughs, colds, and all diseases of the air passages are spread by spitting, and these maladies kill 12,000 people annually in Indiana. It is therefore forbidden to spit on the floor. Penalty, five dollars fine.

It is the duty of trainmen to warn against violating this health rule.

By order of the

INDIANA STATE BOARD OF HEALTH.

Rule 3. PARLOR, BUFFET AND DINING CARS shall be cleansed at cleaning terminals, as set forth in Rule 1, carpets and draperies to be removed, dusted and sunned and aired, provided meteorological conditions permit. Food boxes, refrigerators, closets, drawers and cupboards to be cleansed, scalded and treated with a 1 or 2 per cent solution of formaldehyde at least once a week in spring, summer and autumn months and once every two weeks in winter months.

Rule 4. SUBURBAN, ELECTRIC AND STREET CARS shall be cleansed as follows: (a) Windows and doors shall be open and the aisle strip, if there be any, removed from the car; (b) all upholstering dusted and brushed; (c) floor mopped or swept after it has been sprinkled with water to which should be added an approved disinfectant; (d) after cleaning as in (c), the floor should be scrubbed with soap and water to which soda ash or like cleansing agent may be added, and after scrubbing, the floor should be mopped with a solution of formaldehyde of 1 or 2 per cent strength, or with a solution of other approved disinfectant; (e) once each week, the arms of seats, panles between windows, window ledges and windows shall be washed with soap and water to which cleansing agents may be added, and after such washing, should be wiped off with an efficient disinfectant solution; (f) closet floor and walls shall be cleansed by sweeping, washing and wiping with disinfectant solution every week, and floors of closets, urinals and hoppers shall be thoroughly cleansed and disinfected every day; (g) water coolers shall be frequently emptied, rinsed and scalded, or they may be disinfected with a 2 per cent solution of formaldehyde, and shall be filled with potable drinking water when in service; (h) electric suburban coaches shall be disinfected with formaldehyde gas in quantities of not less than 20 fluid ounces of 40



per cent formaldehyde to each coach at the period of general cleaning and renovation, not to exceed ninety days, and also whenever a case of any listed disease is known to have been carried. Plush seats and backs shall be removed when possible, and dusted by air blast. Carpets and mattings are condemned and forbidden in smoking compartments, but rubber aisle strips or linoleum may be used.

Placards shall be displayed in all waiting rooms and stations located in towns, villages and cities in Indiana, having plainly displayed thereon the following notice:

#### **SPITTING ON THE FLOOR IS FORBIDDEN.**

Consumption, lagrippe, coughs, colds and all diseases of the air passages are spread by spitting, and these maladies kill 12,000 people annually in Indiana. It is therefore forbidden to spit on the floor. Penalty, five dollars fine.

It is the duty of trainmen to warn against violating this health rule.

By order of the

INDIANA STATE BOARD OF HEALTH.

Rule 5. Conductors and brakemen in charge of steam trains, and conductors and motormen in charge of suburban electric and street cars, shall pay proper attention to ventilation, and shall promptly reprove and warn all persons who spit on the floor or otherwise befoul the car in which they are riding. They shall also inquire concerning any case of sickness which they may notice, and determine as best they can whether or not it is a listed disease, and if found or suspected to be listed, the health officer at the next stop may be appealed to for the purpose of caring for the case as seems best.

Rule 6. SLEEPING CARS.—Upon arrival at cleaning terminals, sleeping cars shall be cleaned as follows: (a) Windows, doors and ventilators opened; (b) upper berths let down, seat bottoms lifted off, and mattresses, blankets, pillows and curtains, etc., loosely displayed for airing, and, provided the weather will permit, all the articles named shall be aired outside the car; (c) carpets, rugs and portiere shall be renovated and the work shall be done as best can be in the wide opened car; (d) after cleaning, the floor should be scrubbed with soap and water to which soda ash or like cleansing agent may be added, and, after scrubbing, the floor should be mopped with a solution of formaldehyde of 1 or 2 per cent strength, or with a solution of other approved disinfectant; (e) all windows and woodwork shall be thoroughly cleaned with approved detergents and carefully wiped; (f) closets, spittoons and toilet arrangements shall be thoroughly cleaned and disinfected with an approved disinfectant every day; (g) sleeping cars shall be disinfected at least once a month in an approved manner with formaldehyde gas, as set forth in (h) of Rule 1, and they shall also be disinfected if at any time it is known that a person with a listed infectious disease has been carried. Pullman conductors and porters shall see to it that as good ventilation as is possible is always maintained.



Rule 7. THE LISTED DISEASES are declared to be: Smallpox, diphtheria, scarlet fever, erysipelas and measles. All common carriers and their employes are forbidden to knowingly carry any person afflicted with the above named diseases.

#### RECOMMENDATION.

It is recommended that conductors and brakemen be supplied with pocket paper pads having the following notice printed on each slip:

Spitting on the floor is forbidden. It is filthy, makes a nuisance and is contrary to law. All diseases of the lungs and air passages, also certain other diseases, are spread by dried spit. Over 12,000 people die annually in Indiana from "spit diseases" caught from spitters. Not less than 200,000 cases of sickness are caused thereby in Indiana annually. Spitting on the floors and sidewalks must stop. Ladies do not spit. Gentlemen will not spit.

INDIANA STATE BOARD OF HEALTH.

#### HEALTH NOTICE.

Conductors and brakemen should hand these slips to spitters. They may also be handed to passengers who are not spitters. Persistence in this matter will surely lessen the spitting evil. This will make traveling more pleasant and so encourage travel. Car cleaning will also be made less difficult and less expensive.

#### DISINFECTION.

The best and cheapest disinfection for cars and rooms may be accomplished in the following way:

Close all openings, and for each 1,000 cubic feet use six and one-half ounces of permanganate potassium and one pint of 40 per cent solution of formaldehyde. Place the permanganate in a large tin dishpan or any like vessel, then pour the formaldehyde solution upon it. The formaldehyde gas will be quickly set free and will penetrate plush, curtains, carpets and all parts of the car or room, causing complete disinfection. The rapid disengagement of the gas is an important point, and this method further commends itself because no fire or apparatus is required.—*Ohio State Bulletin.*





The Missouri State Board of Health is on partial reciprocal relations with the following states: Indiana, Michigan, Nevada, Maine, Minnesota, Delaware, Iowa, Kansas, New Jersey, Colorado, Kentucky, Wisconsin, Wyoming and the District of Columbia. The Doctors who are licentiates of the above named states can register in Missouri, if they received their license prior to March 12th, 1901 and had previously graduated in a medical college of four years requirements, or if they received their license in such state since March 12, 1901 in addition to having a diploma from a four year medical college they must have passed an examination before the State Licensing Board and obtained an average of at least seventy-five per cent of all questions asked.







